

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **292032** (0)

1. Corporation Name
INN OF JACKSONVILLE-AIRPORT, INC.



Principal Place of Business

1817 CRANE RIDGE DRIVE
P.O. BOX 16807
JACKSON MS 39216-4902

Mailing Address

1817 CRANE RIDGE DRIVE
P.O. BOX 16807
JACKSON MS 39216-4902

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NORRIS, JOHN E.
201 N MARION ST.
LAKE CITY FL 32055

3. Date Incorporated or Qualified

04/16/1965

3a. Date of Last Report

02/21/1995

4. FEI Number

59-1061896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1	CD	<input type="checkbox"/> DELETE
NAME	STURDIVANT, MIKE P.	
STREET ADDRESS	E. DREW ROAD	
CITY-STATE-ZIP	GLENDORA, MISSISSIPPI	
12.2	PD	<input type="checkbox"/> DELETE
NAME	JONES, EARLE F.	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	
CITY-STATE-ZIP	JACKSON MS	
12.3	D	<input type="checkbox"/> DELETE
NAME	STURDIVANT, YGONDINE W.	
STREET ADDRESS	E. DREW ROAD	
CITY-STATE-ZIP	GLENDORA, MISSISSIPPI	
12.4	S	<input type="checkbox"/> DELETE
NAME	STURDIVANT, GAINES P (XVP)	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	
CITY-STATE-ZIP	JACKSON MS	
12.5	VT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J.	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	
CITY-STATE-ZIP	JACKSON MS	
12.6	AS	<input type="checkbox"/> DELETE
NAME	WINFORD, GREGORY W.	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	
CITY-STATE-ZIP	JACKSON MS	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY-STATE-ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY-STATE-ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY-STATE-ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information disclosed on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attached form with an address.

SIGNATURE: *Mike P. Sturdivant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mike P. Sturdivant

1-30-96 601-982-7713
DATE PHONE NUMBER

CR2E034 (12/95)