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**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
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3. Date Incorporated or Qualified 04/16/1965	3a. Date of Last Report 02/13/1996
4. FEI Number 59-1061896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1000 Red Fern Place	2a. Mailing Address 26 P.O. Box 16807
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Flowood ms	City & State 28 Jackson ms
Zip 24 39208	Country 25 Rankin
Country 29 39236-6807	Country 30 Rankin

9. Name and Address of Current Registered Agent NORRIS, JOHN E. 201 N MARION ST. LAKE CITY FL 32055				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P.	12 NAME	
STREET ADDRESS	E. DREW ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA, MISSISSIPPI	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	22 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	23 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	24 CITY-ST-ZIP	Flowood, ms 39208
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, YGONDINE W.	32 NAME	
STREET ADDRESS	E. DREW ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA, MISSISSIPPI	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P (XVP)	42 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	43 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	44 CITY-ST-ZIP	Flowood ms 39208
TITLE	VT <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	52 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	53 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	54 CITY-ST-ZIP	Flowood, ms 39208
TITLE	AS <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	62 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	63 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	64 CITY-ST-ZIP	Flowood ms 39208

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated 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 receiver 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 in an attachment with an address.

SIGNATURE: **Earle F. Jones, President** 2/24/97 601/936-3666 XT 128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)