


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 292032 (0)

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



Principal Place of Business 1000 RED FERN PLACE P.O. BOX 16807 FLOWOOD MS 39208 US	Mailing Address PO BOX 16807 P.O. BOX 16807 JACKSON MS 39236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 04/16/1965	
4. FEI Number 59-1081896	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STURDIVANT, MIKE P.	
STREET ADDRESS	E. DREW ROAD	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, EARLE F.	
STREET ADDRESS	100 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STURDIVANT, YGONDINE W.	
STREET ADDRESS	E. DREW ROAD	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STURDIVANT, GAINES P (XVP)	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J.	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WINFORD, GREGORY W.	
STREET ADDRESS	100 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Executive Vice President and Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 on an attachment with an address.

SIGNATURE: *Michael A Hart* 2/19/98 1100240-3666

CR2E034 (10/97)