

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705052** (9)
1. Corporation Name
JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business Mailing Address
JHMA P.O. BOX 550861 JACKSONVILLE FL 32255
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DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/14/1963** 3a. Date of Last Report **03/09/1994**
4. FEI Number **59-1843742** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**HEWINS, JOHN S., JR.
HOLIDAY INN EAST
5865 ARLINGTON EXP.
JACKSONVILLE FL 32211**

10. Name and Address of New Registered Agent
B1 Name **Fred Cozby**
B2 Street Address (P.O. Box Number is Not Acceptable) **Ponte Vedra Inn & Club**
B3 **200 Ponte Vedra Blvd**
B4 City **Ponte Vedra Beach, FL** B5 Zip Code **32082**

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 *Fred E. Cozby*
Signature (typed or printed name of registered agent or officer) (date) (Typed Agent signature required when terminating) (date)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	RADDER, ADRIAN
STREET ADDRESS	4670 SALISBURY RD.
CITY ST ZIP	JACKSONVILLE FL
TITLE	P
NAME	HEWINS, JOHN
STREET ADDRESS	5865 ARLINGTON EXP.
CITY ST ZIP	JACKSONVILLE FL 32211
TITLE	C
NAME	PETSCHONEK, BILL
STREET ADDRESS	8365 DIX ELLIS TRAIL
CITY ST ZIP	JACKSONVILLE FL
TITLE	ST
NAME	FLORES, CHERI,
STREET ADDRESS	4600 SAN PABLO ROAD
CITY ST ZIP	JACKSONVILLE FL 32224
TITLE	V
NAME	COZBY, FRED
STREET ADDRESS	200 PONTE VEDRA DR.
CITY ST ZIP	PONTE VEDRA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Please delete

21 TITLE Change Addition
D-C Hewins, John
22 NAME **Landcom Hospitality**
23 STREET ADDRESS **9250 Paymeadows Rd Jax, FL 32256**
24 CITY ST ZIP

31 TITLE Change Addition
D-V Austin Peter
32 NAME **Omni Jacksonville**
33 STREET ADDRESS **245 Water Street Jax FL 32202**
34 CITY ST ZIP

41 TITLE Change Addition
D-ST David Potts
42 NAME **Holiday Inn Paymeadows**
43 STREET ADDRESS **9150 Paymeadows Rd Jax FL 32256**
44 CITY ST ZIP

51 TITLE Change Addition
D-P Fred Cozby
52 NAME **Ponte Vedra Inn**
53 STREET ADDRESS **200 Ponte Vedra Blvd PVA, FL 32082**
54 CITY ST ZIP

61 TITLE Change Addition
000001544640
62 NAME
63 STREET ADDRESS **-07/25/95--01016--008**
64 CITY ST ZIP ******130.00 ****130.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the 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 trustee or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an officer or director to an address.

SIGNATURE: *Fred Cozby*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REMITTED BY MAY 1