

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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  
JHMA P.O. BOX 550861 JACKSONVILLE FL 32255

3. Date Incorporated or Qualified 01/14/1963  
3a. Date of Last Report 05/01/1995

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 29 Country 30 Country  
24 25 29 30

4. FEI Number 59-1843742  
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

9. Name and Address of Current Registered Agent  
COZBY, FRED  
PONTE VEDRA INN & CLUB  
200 PONTE VEDRA BLVD  
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent  
81 Name Peter Austin  
82 Street Address (P.O. Box Number is Not Acceptable) Omni Jacksonville  
83 245 Water Street  
84 City Jacksonville FL 85 Zip Code 32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Peter Austin* 4/23/96  
Signature typed or printed name of registered agent and title of applicable (NOTE: Registered Agent's signature required when re-installing) DATE

12. OFFICERS AND DIRECTORS  
TITLE DC ☒ DELETE  
NAME HEWINS, JOHN  
STREET ADDRESS LANDCORN HOSPITALITY, 9250 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL 32256  
TITLE DV ☐ DELETE  
NAME AUSTIN, PETER  
STREET ADDRESS OMNI JAKSONVILLE - 245 WATER STREET  
CITY-ST-ZIP JACKSONVILLE FL 32202  
TITLE DST ☐ DELETE  
NAME POTTS, DAVID  
STREET ADDRESS HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL 32256  
TITLE DP ☐ DELETE  
NAME COZBY, FRED  
STREET ADDRESS PONTE VEDRA INN - 200 PONTE VEDRA BLVD  
CITY-ST-ZIP PONTE VEDRA FL 32082  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
21 TITLE ☒ Change ☐ Addition  
22 NAME Peter Austin  
23 STREET ADDRESS Omni Jacksonville 245 Water Street  
24 CITY-ST-ZIP Jacksonville, FL 32202  
31 TITLE ☒ Change ☐ Addition  
32 NAME V.D. David Potts  
33 STREET ADDRESS Holiday Inn Baymeadows - 9150 Baymeadows Rd  
34 CITY-ST-ZIP Jacksonville, FL 32256  
41 TITLE ☒ Change ☐ Addition  
42 NAME C.D. Fred Cozby  
43 STREET ADDRESS Ponte Vedra Inn - 200 Ponte Vedra Blvd  
44 CITY-ST-ZIP Ponte Vedra, FL 32082  
51 TITLE ☐ Change ☒ Addition  
52 NAME T.S.D. Corey LeBlanc  
53 STREET ADDRESS Super 8 Hotels - 10901 HARTSD  
54 CITY-ST-ZIP Jacksonville, FL 32218  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP Bank deposit # 607.55

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter Austin* 4/23/96 (904) 355-6664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)