

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: **JHMA P.O. BOX 550861 JACKSONVILLE FL 32255**
Mailing Address: **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 (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, City, State, Zip, and Country.
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 (81-84): **Peter Austin, Omni Jacksonville, 245 Water Street, Jacksonville FL 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* (Signature typed or printed name of registered agent and title of applicable (NOTE: Registered Agent's signature required when re-stating) DATE: **4/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC <input checked="" type="checkbox"/> DELETE	NAME: HEWINS, JOHN	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: LANDCORN HOSPITALITY, 9250 BAYMEADOWS RD	CITY-ST-ZIP: JACKSONVILLE FL 32256	1.2 NAME:	
TITLE: DV <input type="checkbox"/> DELETE	NAME: AUSTIN, PETER	1.3 STREET ADDRESS:	
STREET ADDRESS: OMNI JAKSONVILLE - 245 WATER STREET	CITY-ST-ZIP: JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP:	
TITLE: DST <input type="checkbox"/> DELETE	NAME: POTTS, DAVID	2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD Peter Austin
STREET ADDRESS: HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD	CITY-ST-ZIP: JACKSONVILLE FL 32256	2.2 NAME:	Omni Jacksonville 245 Water Street
TITLE: DP <input type="checkbox"/> DELETE	NAME: COZBY, FRED	2.3 STREET ADDRESS:	Jacksonville, FL 32202
STREET ADDRESS: PONTE VEDRA INN - 200 PONTE VEDRA BLVD	CITY-ST-ZIP: PONTE VEDRA FL 32082	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VD David Potts
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	Holiday Inn Baymeadows - 9150 Baymeadows Rd
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	Jacksonville, FL 32256
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CD Fred Cozby
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	Ponte Vedra Inn - 200 Ponte Vedra Blvd
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	Ponte Vedra, FL 32082
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TSD Carey LeBlanc
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	Super 8 Motels - 10901 HARTSDR
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	Jacksonville, FL 32218
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-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 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* (Signature typed or printed name of signing officer or director) DATE: **4/23/96** DAYTIME PHONE #: **(904) 355-6664**

CR2E037 (12/95)