

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32255-0861
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1963		3a. Date of Last Report 06/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1843742		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent AUSTIN, PETER OMNI JACKSONVILLE 245 WATER STREET JACKSONVILLE FL 32202				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 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 *[Signature]* DATE **3/29/97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, PETER	1.2 NAME	
STREET ADDRESS	OMNI JACKSONVILLE - 245 WATER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, DAVID	2.2 NAME	
STREET ADDRESS	HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COZBY, FRED	3.2 NAME	
STREET ADDRESS	PONTE VEDRA INN - 200 PONTE VEDRA BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	3.4 CITY-ST-ZIP	
TITLE	TSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, CAREY	4.2 NAME	
STREET ADDRESS	10901 HARTS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

CR2E037 (9/96)