FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

101

FILED Feb 13 1998 8:00am Secretary of State

1. Corporation I JACKSC Principal Place 6	Name INVILLE HOTEL & MOT	TEL ASSOCIATION, INC.			
JHMA P.O. BOX 550861 JACKSONVILLE FL 32255		JHMA P.O BOX 550861 JACKSONVILLE FL 32255		3. Date Incorporated or Qualified 01/14/1963 4. FEI Number Applied For 59-1843742 Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address		5. Certificate of Status Desired See Required Fee Requirements	
Suite, Apt #,	etc	Suite, Apt #, etc.		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	Be
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Ζφ 24	Country 25	7ipi 29	Country 30	8. This corporation owes or has paid the current year Intang Personal Property Tax due June 30. Yes	
245 WATE	9. Name and Address of Co PETER CKSONVILLE ER STREET IVILLE FL 32202	rrent Registered Agent	f 1 1 1 1 1 1 1 1 1	10. Name and Address of New Registered Agent A vid Potts (rics (P.O. Box Number is Not Acceptable) 1 a (my Inn Daymeadows 50 baymeadows Rd	

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 if an application with, and accept the objection 617 0503, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1 1 TITLE Austin, Peter **AUSTIN. PETER** 1.2 NAME NAME STREET ADDRESS OMNI JAKSONVILLE - 245 WATER STREET 13 STREET ADDRESS JACKSONVILLE FL 32202 same CITY-ST-ZIP 14 CHY-ST-ZIP Addition 21 THILE bours awid POTTS, DAVID 22 NAME NAME HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD 2.3 STREET ADDRESS STREET ADDRESS Same JACKSONVILLE FL 32256 CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 31 TITLE TITLE COZBY, FRED 32 NAME NAME PONTE VEDRA INN - 200 PONTE VEDRA BLVD 3 3 STREET ADDRESS STREET ADDRESS **PONTE VEDRA FL 32082** CITY-ST-ZIF 3.4. CITY-ST-ZIP DLLETE Change Addition 4.1 TITLE VD TITLE JOHNSEN, JEFF sohnsen, Jeff NAME AMELIA ISLAND PLANTATION A1A STREET ADDRESS 4.3 STREET ADDRESS same AMELIA ISLAND FL 44 CITY-ST-ZIP DITY-ST-70 DELETE 75D Change Addition TITLE 51 TITLE morgan, Nadine 5.2 NAME Laquinta Inn STREET ADDRESS 5 3 STREET ADDRESS 4686 Lenoir ane Jax 32216 CITY - S1 - ZIP 5 4 City-St-ZIP DELETE 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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. Hurther 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 recover or trustee empowers to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE:

IRE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTO

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