

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90024 043 ****61.25

DOCUMENT # 705052

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

618249-90624-43 9



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/14/1963	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1843742	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **Cathy Dilley**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2121 Corporate Square Blvd #261**
84 City **Jacksonville** FL 85 Zip Code **32216**

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

Cathy Dilley

(NOTE: Registered Agent signature required when reinstating)

9/13/99

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" 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	PD	<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	TSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, NADINE			3.2 NAME			
STREET ADDRESS	LAQUINTA INN, 4686 LENOIR AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, JEFF			4.2 NAME			
STREET ADDRESS	AMELIA ISLAND PLANTATION A1A			4.3 STREET ADDRESS			
CITY-ST-ZIP	AMELIA ISLAND FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	D/M Cathryn S. Dilley		
STREET ADDRESS				5.3 STREET ADDRESS	2121 Corporate Square Blvd #261		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	D/NP Jason Smith		
STREET ADDRESS				6.3 STREET ADDRESS	4001 Ponte Vedra Blvd.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082		

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. 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, with all other like empowered.

SIGNATURE: *Cathy Dilley* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/99

Date

904 737-2287

Daytime Phone #

CR2E037 (5/99)