


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).

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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618249-90024-43 9



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/14/1963
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-1843742
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	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 <u>Cathy Dilley</u> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <u>2121 Corporate Square Blvd #261</u> 84 City <u>Jacksonville</u> FL 85 Zip Code <u>32216</u>
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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 DATE 9/13/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD <input checked="" type="checkbox"/> DELETE	NAME AUSTIN, PETER	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS OMNI JACKSONVILLE - 245 WATER STREET	CITY-ST-ZIP JACKSONVILLE FL 32202	1.2 NAME	
TITLE PD <input type="checkbox"/> DELETE	NAME POTTS, DAVID	1.3 STREET ADDRESS	
STREET ADDRESS HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD	CITY-ST-ZIP JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	
TITLE TSD <input checked="" type="checkbox"/> DELETE	NAME MORGAN, NADINE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS LAQUINTA INN, 4686 LENOIR AVE	CITY-ST-ZIP JACKSONVILLE FL 32216	2.2 NAME	
TITLE VD <input type="checkbox"/> DELETE	NAME JOHNSON, JEFF	2.3 STREET ADDRESS	
STREET ADDRESS AMELIA ISLAND PLANTATION A1A	CITY-ST-ZIP AMELIA ISLAND FL	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
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	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	<u>DM</u>
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	<u>Cathryn S. Dilley</u>
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	<u>2121 Corporate Square Blvd #261</u>
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	<u>DVP</u>
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	<u>Jason Smith</u>
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	<u>407 Ponte Vedra Blvd.</u>
TITLE <input type="checkbox"/> DELETE	NAME		<u>Ponte Vedra Beach, FL 32082</u>

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 REQUIRED DATE 9/13/99 DAYTIME PHONE # 904 737-2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)