FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:27

DOCUMENT # 292032 (0)

1. Corporation Name
INN OF JACKSONVILLE-AIRPORT, INC.

Principal Place of Business	Mailing Address
1817 CRANE RIDGE DRIVE P.O. BOX 16807 JACKSON MS 39216-4902	1817 CRANE RIDGE DRIVE P.O. BOX 16807 JACKSON MS 39216-4902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1965
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1061896 ☐ Applied For ☐ Not Applicable

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

NORRIS, JOHN E.
201 N MARION ST.
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	STURDIVANT, MIKE P.	12 NAME	
STREET ADDRESS	E. DREW ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	JONES, EARLE F.	22 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STURDIVANT, YGONDINE W.	32 NAME	
STREET ADDRESS	E. DREW ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA, MISSISSIPP	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	STURDIVANT,GAINES P (XVP	42 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	HART, MICHAEL J.	52 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	WINFORD, GREGORY W.	62 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, or on an attachment with an address.

SIGNATURE: Earle F. Jones 2/10/95 601/982-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470004 FP