FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **291895** **(1)**

1. Corporation Name

INN OF LAKE CITY, INC.

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

3. Date Incorporated or Qualified: **04/13/1965**
3a. Date of Last Report: **02/21/1995**

4. FEI Number: **59-1004836** ☐ 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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City, & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City, & State (28) — Zip (29) — Country (30)

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 607.0505, 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, Sections 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CD NAME: STURDIVANT, MIKE P STREET ADDRESS: RT 1 CITY-ST-ZIP: GLENDORA MS	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: PD NAME: JONES,EARLE F. STREET ADDRESS: 1817 CRANE RIDGE DR. CITY-ST-ZIP: JACKSON MS	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: SV NAME: STURDIVANT, GAINES P. STREET ADDRESS: 1817 CRANE RIDGE DR. CITY-ST-ZIP: JACKSON MS	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VT NAME: HART, MICHAEL J. STREET ADDRESS: 1817 CRANE RIDGE DR CITY-ST-ZIP: JACKSON MS	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: AS NAME: WINFORD, GREGORY W. STREET ADDRESS: 1817 CRANE RIDGE DR. CITY-ST-ZIP: JACKSON MS	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report 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 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, with an asterisk, or on an attached sheet with an address.

SIGNATURE: James P. Sturdivant — 1-30-96 — 601-982-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
James P. Sturdivant

CR2E034 (12/95)