2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291895

Entity Name: INN OF LAKE CITY, INC.

Current Principal Place of Business:

1000 RED FERN PLACE FLOWOOD, MS 39232

Current Mailing Address:

1000 RED FERN PLACE FLOWOOD. MS 39232 US

FEI Number: 59-1004836 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 10, 2014

Secretary of State

CC4379465073

Officer/Director Detail:

Title CD Title PD

Name STURDIVANT, J. WALKER Name JONES III, EARLE F

Address RT 1 Address 1000 RED FERN PLACE

City-State-Zip: GLENDORA MS 32055 City-State-Zip: FLOWOOD MS 39232

Title VS Title VT

Name STURDIVANT, GAINES P Name HART, MICHAEL J

Address 1000 RED FERN PLACE Address 1000 RED FERN PLACE

City-State-Zip: FLOWOOD MS 39232 City-State-Zip: FLOWOOD MS 39232

Title VP Title VS

Name STURDIVANT, MICAJAH Name STURDIVANT, MICAJAH

Address RT 1 Address 1000 RED FERN PLACE

City-State-Zip: GLENDORA FL 32055 City-State-Zip: FLOWOOD MS 39232

Title D Title P

NameJONES, EARLE F IIINameSTURDIVANT, GAINES PAddress1000 RED FERN PLACEAddress1000 RED FERN PLACECity-State-Zip:FLOWOOD MS 39232City-State-Zip:FLOWOOD MS 39232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J HART VT 04/10/2014