

2020 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:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

Officer/Director Detail :

Title CD
Name STURDIVANT, J. WALKER
Address RT 1
City-State-Zip: GLENDORA MS 32055

Title PD
Name JONES III, EARLE F
Address 1000 RED FERN PLACE
City-State-Zip: FLOWOOD MS 39232

Title VS
Name STURDIVANT, GAINES P
Address 1000 RED FERN PLACE
City-State-Zip: FLOWOOD MS 39232

Title VT
Name HART, MICHAEL J
Address 1000 RED FERN PLACE
City-State-Zip: FLOWOOD MS 39232

Title VP
Name STURDIVANT, MICAHAH
Address RT 1
City-State-Zip: GLENDORA FL 32055

Title VS
Name STURDIVANT, MICAHAH
Address 1000 RED FERN PLACE
City-State-Zip: FLOWOOD MS 39232

Title D
Name JONES, EARLE F III
Address 1000 RED FERN PLACE
City-State-Zip: FLOWOOD MS 39232

Title P
Name STURDIVANT, GAINES P
Address 1000 RED FERN PLACE
City-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

03/30/2020

Electronic Signature of Signing Officer/Director Detail

Date