

2013 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:**PO BOX 320009
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**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

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

04/16/2013

Electronic Signature of Signing Officer/Director Detail_____
Date