2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2016
Secretary of State
CC9817070769

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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

Officer/Director Detail :

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

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

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

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

Title	PD
Name	JONES III, EARLE F
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	VS
Name	STURDIVANT, MICAJAH
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 04/01/2016

Electronic Signature of Signing Officer/Director Detail — Date