

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 292032

**Entity Name:** INN OF JACKSONVILLE-AIRPORT, INC.

**Current Principal Place of Business:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232

**FILED**  
**Apr 19, 2017**  
**Secretary of State**  
**CC0657585738**

**Current Mailing Address:**

1000 RED FERN PLACE  
FLOWOOD, MS 39232 US

**FEI Number: 59-1061896**

**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 DUE WEST RD  
City-State-Zip: GLENDORA MS 38928

Title DIRECTOR  
Name JONES III, EARLE F.  
Address 100 RED FERN PLACE  
City-State-Zip: FLOWOOD MS 39232

Title D  
Name STURDIVANT, YGONDINE W.  
Address DUE WEST RD  
City-State-Zip: GLENDORA MS 38928

Title VS  
Name STURDIVANT,GAINES P (XVP)  
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, MICAJAH  
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**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date