

2013 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

Current Mailing Address:

P.O. BOX 320009
FLOWOOD, MS 39232 US

FEI Number: 59-1061896

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 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 39042

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