

2019 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:**1000 RED FERN PLACE
FLOWOOD, MS 39232 US**FEI Number:** 59-1061896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP 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****03/12/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date