

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:30

DOCUMENT # 291895 (1)

1. Corporation Name
INN OF LAKE CITY, INC.

Principal Place of Business	Mailing Address
1817 CRANE RIDGE DR P.O. BOX 16007 JACKSON MS 39216-4902	1817 CRANE RIDGE DR P.O. BOX 16007 JACKSON MS 39216-4902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/13/1965	3a. Date of Last Report 07/05/1994
4. FEI Number 59-1004836	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent

NORRIS (JOHN E)
201 N MARION ST.
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title of agent (if applicable) (if 11b, Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STURDIVANT, MIKE P
STREET ADDRESS	RT 1
CITY - ST - ZIP	GLENDORA MS
TITLE	PD
NAME	JONES, EARLE F.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	SV
NAME	STURDIVANT, GAINES P.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	VT
NAME	HART, MICHAEL J.
STREET ADDRESS	1817 CRANE RIDGE DR
CITY - ST - ZIP	JACKSON MS
TITLE	AS
NAME	WINFORD, GREGORY W.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: Earle F. Jones 2/10/95 601-982-7713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)