

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **291895** (1)

1. Corporation Name
INN OF LAKE CITY, INC.



Principal Place of Business: **1817 CRANE RIDGE DR P.O. BOX 16807 JACKSON MS 39216-4902**
Mailing Address: **1817 CRANE RIDGE DR P.O. BOX 16807 JACKSON MS 39216-4902**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	04/13/1965	02/21/1995
22. City, Apt. #, etc.	27. City, & State	4. FEI Number	Applied For Not Applicable
23. City, & State	28. City, & State	59-1004836	
24. Zip	29. Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
10. Name and Address of New Registered Agent		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 607.0507 and 607.0510, 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 of Signature _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME	<input type="checkbox"/> DELETE	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS		2. NAME	
13. CITY, STATE		3. STREET ADDRESS	
14. TITLE	<input type="checkbox"/> DELETE	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME		5. NAME	
16. STREET ADDRESS		6. STREET ADDRESS	
17. CITY, STATE		7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	8. NAME	
19. STREET ADDRESS		9. STREET ADDRESS	
20. CITY, STATE		10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. NAME		11. NAME	
22. STREET ADDRESS		12. STREET ADDRESS	
23. CITY, STATE		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	<input type="checkbox"/> DELETE	14. NAME	
25. STREET ADDRESS		15. STREET ADDRESS	
26. CITY, STATE		16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement if 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 trustee 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 if changed, or on an attachment with an address.

SIGNATURE:

James P. Sturdivant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James P. Sturdivant

1-30-96 601-982-7713

CR2E034 (12/95)