

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 291895 (1)  
1. Corporation Name  
INN OF LAKE CITY, INC.



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

3. Date Incorporated or Qualified 04/13/1965  
3a. Date of Last Report 02/13/1996

2. Principal Place of Business 2a. Mailing Address  
21 1000 Red Fern Place 26 P.O. Box 16807  
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 59-1004836  
Applied For Not Applicable

22 City & State 27 City & State  
23 Flowood ms 28 Jackson MS

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 Rankin 29 39208 30 Rankin  
Country Rankin

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P	1.2 NAME	
STREET ADDRESS	RT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA MS	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	2.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	2.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	SV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P.	3.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	3.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	3.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	VT	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	4.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR	4.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	5.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	5.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 if changed, or on attachment with an address.

SIGNATURE: Earle F. Jones, President 2/24/97 601/936-3666 XT128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)