

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:27

DOCUMENT # 292032 (0)
1. Corporation Name
INN OF JACKSONVILLE-AIRPORT, INC.

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

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 04/16/1965 3a. Date of Last Report 07/06/1994
4. FEI Number 59-1061896 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NORRIS, JOHN E.
201 N MARION ST.
LAKE CITY FL 32055

10. Name and Address of Now Registered Agent
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 _____ DATE _____
Signature, Title or position (name of registered agent and Florida corporation) (NOTE: Registered Agent signature required when re-registering)

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	E. DREW ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	GLENDORA, MISSISSIPP	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	2.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSON MS	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, YGONDINE W.	3.2 NAME	
STREET ADDRESS	E. DREW ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	GLENDORA, MISSISSIPP	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P (XVP)	4.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSON MS	4.4 CITY- ST- ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	5.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSON MS	5.4 CITY- ST- ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	6.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DRIVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSON MS	6.4 CITY- ST- ZIP	

14. I do 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 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 13 of this report, 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 Contact Person