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**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 # 292032 (0)

**1. Corporation Name
INN OF JACKSONVILLE-AIRPORT, INC.**



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

3. Date Incorporated or Qualified 04/16/1965 3a. Date of Last Report 02/13/1996
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

2. Principal Place of Business 2a. Mailing Address
21 1000 Red Fern Place 26 P.O. Box 16807
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 Flowood ms 28 Jackson ms
24 39208 25 Rankin 29 39236-6807 30 Rankin

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
61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City FL 65 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 type 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 <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURDIVANT, MIKE P. | 12 NAME | |
| STREET ADDRESS | E. DREW ROAD | 13 STREET ADDRESS | |
| CITY-ST-ZIP | GLENDORA, MISSISSIPPI | 14 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JONES, EARLE F. | 22 NAME | |
| STREET ADDRESS | 1817 CRANE RIDGE DRIVE | 23 STREET ADDRESS | 1000 Red Fern Place |
| CITY-ST-ZIP | JACKSON MS | 24 CITY-ST-ZIP | Flowood, ms 39208 |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURDIVANT, YGONDINE W. | 32 NAME | |
| STREET ADDRESS | E. DREW ROAD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | GLENDORA, MISSISSIPPI | 34 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STURDIVANT, GAINES P (XVP) | 42 NAME | |
| STREET ADDRESS | 1817 CRANE RIDGE DRIVE | 43 STREET ADDRESS | 1000 Red Fern Place |
| CITY-ST-ZIP | JACKSON MS | 44 CITY-ST-ZIP | Flowood ms 39208 |
| TITLE | VT <input type="checkbox"/> DELETE | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HART, MICHAEL J. | 52 NAME | |
| STREET ADDRESS | 1817 CRANE RIDGE DRIVE | 53 STREET ADDRESS | 1000 Red Fern Place |
| CITY-ST-ZIP | JACKSON MS | 54 CITY-ST-ZIP | Flowood, ms 39208 |
| TITLE | AS <input type="checkbox"/> DELETE | 61 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINFORD, GREGORY W. | 62 NAME | |
| STREET ADDRESS | 1817 CRANE RIDGE DRIVE | 63 STREET ADDRESS | 1000 Red Fern Place |
| CITY-ST-ZIP | JACKSON MS | 64 CITY-ST-ZIP | Flowood ms 39208 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 in an attachment with an address.

SIGNATURE: Earle F. Jones, President 2/24/97 601/936-3666 XT 128
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)