

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 292032

1. Entity Name
INN OF JACKSONVILLE-AIRPORT, INC.



Principal Place of Business
1000 RED FERN PLACE
FLOWOOD, MS 39232 US

Mailing Address
P.O. BOX 320009
FLOWOOD, MS 39232 US

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1061896

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STURDIVANT, MIKE P.
STREET ADDRESS	DUE WEST RD
CITY-ST-ZIP	GLENDORA, MS 38928
TITLE	PD
NAME	JONES, EARLE F.
STREET ADDRESS	100 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	D
NAME	STURDIVANT, YGONDINE W.
STREET ADDRESS	DUE WEST RD
CITY-ST-ZIP	GLENDORA, MS 38928
TITLE	VS
NAME	STURDIVANT, GAINES P (XVP)
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	VT
NAME	HART, MICHAEL J.
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD, MS 39232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000928324
05/21/08-80025-013 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Michael J. Hart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

Daytime Phone #