

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -9 PM 3: 03

DOCUMENT # **F93000003923 (0)**

1. Corporation Name
S. T. HOTELS, INC.

Principal Place of Business
**POST OFFICE BOX 638
THOMASVILLE GA 31799**

Mailing Address
**POST OFFICE BOX 638
THOMASVILLE GA 31799**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300001428053
-03/13/95--01058--009
*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/30/1993	3a. Date of Last Report 07/06/1994
4. FEI Number 58-2060844	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22		27	
23		28	
24		29	
25		30	

9. Name and Address of Current Registered Agent

**THOMAS, PETE COLEMAN
3210 N. MONROE ST.
TALLAHASSEE FL 32303**

10. Name and Address of New 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCOTT, COCHRAN A
STREET ADDRESS	330 NORTH BROAD ST.
CITY - ST - ZIP	THOMASVILLE GA 31792
TITLE	DST
NAME	THOMAS, ROBERT III
STREET ADDRESS	3255 SO. ATLANTIC #401
CITY - ST - ZIP	DAYTONA BEACH FL 32118
TITLE	D
NAME	SCOTT, COCHRAN A JR.
STREET ADDRESS	118 PONY CIRCLE
CITY - ST - ZIP	THOMASVILLE GA 31792
TITLE	D
NAME	THOMAS, PETE COLEMAN
STREET ADDRESS	3210 N. MONROE ST.
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RESIGNED
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOMAS, ROBERT III
2.3 STREET ADDRESS	3255 SO. ATLANTIC #401
2.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32118
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RESIGNED
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RESIGNED
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S CAROL HINSON
5.3 STREET ADDRESS	380 N. BROAD ST.
5.4 CITY - ST - ZIP	THOMASVILLE, GA 31792
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D DONNA L. THOMAS
6.3 STREET ADDRESS	330 N. BROAD ST.
6.4 CITY - ST - ZIP	THOMASVILLE, GA 31792

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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pete Morman* 2-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR