

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

FILED

Jan 15 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 # 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 31799-0638

3. Date Incorporated or Qualified: 08/30/1993
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 58-2060844
Applied For: Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:
\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:
\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of registered agent or authorized agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DPT
NAME: THOMAS, ROBERT III
STREET ADDRESS: 3255 SO. ATLANTIC #401
CITY- ST- ZIP: DAYTONA BEACH FL 32118
 DELETE

11 TITLE: Change Addition
12 NAME: Change Addition
13 STREET ADDRESS: Change Addition
14 CITY- ST- ZIP: Change Addition

TITLE: AS
NAME: HINSON, CAROL
STREET ADDRESS: 314 S BROAD ST
CITY- ST- ZIP: THOMASVILLE GA
 DELETE

2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: Change Addition
2.4 CITY- ST- ZIP: Change Addition

TITLE: SEC
NAME: CAULLEY, MIKE J
STREET ADDRESS: 314 S BROAD ST
CITY- ST- ZIP: THOMASVILLE GA
 DELETE

3.1 TITLE: Change Addition
3.2 NAME: Change Addition
3.3 STREET ADDRESS: Change Addition
3.4 CITY- ST- ZIP: Change Addition

TITLE: DELETE

4.1 TITLE: Change Addition
4.2 NAME: Change Addition
4.3 STREET ADDRESS: Change Addition
4.4 CITY- ST- ZIP: Change Addition

TITLE: DELETE

5.1 TITLE: Change Addition
5.2 NAME: Change Addition
5.3 STREET ADDRESS: Change Addition
5.4 CITY- ST- ZIP: Change Addition

TITLE: DELETE

6.1 TITLE: Change Addition
6.2 NAME: Change Addition
6.3 STREET ADDRESS: Change Addition
6.4 CITY- ST- ZIP: Change Addition

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 an attachment with an address.

SIGNATURE:

J. Michael Caulley, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Michael Caulley, Jr. 1/7/97
DATE

Corporate Phone #

0013008

CR2E034 (9/96)