	ITICE: CORPORATION WILL BE DI IE ON OR BEFORE 09/30/98: \$550 (IF DISS:			998.	
COF ANNU	PROFIT RPORATION JAL REPORT	FLORIDA DEPART Sandra B. Secretary	Mortham of State		
	1998 MENT # FOROOO	003923 (0)	ORPORATIONS		
1. Corporation	n Name	103923 (0)			
S. T. HO	OTELS, INC.				
Principal Place of Bus iness Mailing Address				· · ·	
POST OFFICE THOMASVILLE	BOX 638	POST OFFICE BOX 638 THOMASVILLE GA 31799		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 08/30/1993	THIS SEACE
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
1 26 Suite, Apt.	N. BROAD ST.	Suite, Apt. #, etc.		58-2060844	Not Applicable
2	n, 6to.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ASVILLE, GA	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
4 317	· ·		Country o]	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
THO	9. Name and Address of Current MAS, PETE COLEMAN	Registered Agent	81 Name	10. Name and Address of New Registr	
321	N. MONROE ST.			PETE COLEMAN THOM ddress (P.O. Box Number is Not Acceptable)	AS
TAL	LAHA\$SEE FL 32303		83 3	216 N. MONROE ST.	
·		****	84 City To	ALLA HASSEC	FL 85 Zip Code 32303
office or	registered agent, or both, in the State o	f Florida. Such change was aut	the above hamed co horized by the corpo	rporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered appointment as registered
agent i SIGNATURE	am familiar with, and accept the obligati	ons at, section 607,0505, Florid	da Statutes.		
	Signature, typed or printed name of registered agent a OF FICERS AND	The state of the s	Registered Agent signature		ATE DIDECTORS IN 42
12. TILE	DPT	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICER SECRE TARY	Change Addition
IAME	THOMAS, ROBERT III		1.2 NAME	JULIA MCKENZIE	
STREET ADDRESS	3255 SO. ATLANTIC #401		1.3 STREET ADDRESS	126 N. BROAD ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	т. Э	1.4 CiTY-ST-ZIP	THOMASVILLE, GA 31792	
TTLE IAME	HINSON, CAROL	DELETE	2.1 TITLE 2.2 NAME	ASST. SECT. JOBY N. HOLLAND	Change Addition
TREET ADDRESS	314 S BROAD ST		23 STREET ADDRESS	126 N. BROAD ST	
HTY-ST-ZIP	THOMASVILLE GA		2.4 CITY-ST-ZIP	THOMASULLE GA SI793	NS.
TILE	SEC MUCE I	DELETE	3.1 TITLE	•	Change Addition
IAME TREET ADDRESS	CAULLEY, MIKE J 314 S BROAD ST		3.2 NAME		
ITY-ST-ZIP	THOMASVILLE GA		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
ITLE		DELETE	4.1 TITLE		Change Addition
IAME		-	4.2 NAME		
TREET ADDRESS			4.3 STREET ADDRESS		
ITY-ST-ZIP ITLE		f Torus	4.4 CITY-ST-ZIP 5.1 TITLE		
IAME		LIDELETE	5.2 NAME		Change Addition
TREET ADDRESS			5.3 STREE1 ADDRESS		
ITY-ST-ZIP			5.4 CITY-S1-ZIP		
ITLE		DELETE	6.1 TITLE		Change Addition
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not quality 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.