

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0113693

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **126 N. BROAD ST.**
 Suite, Apt. #, etc.
 22
 City & State
 23 **THOMASVILLE, GA**
 Zip Country
 24 **31792** 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
08/30/1993

4. FEI Number **58-2060844** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **PETE COLEMAN THOMAS**

82 Street Address (P.O. Box Number Is Not Acceptable)
3216 N. MONROE ST.

83

84 City **TALLAHASSEE** FL 85 Zip Code **32303**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT III	
STREET ADDRESS	3255 SO. ATLANTIC #401	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HINSON, CAROL	
STREET ADDRESS	314 S BROAD ST	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	SEC	<input checked="" type="checkbox"/> DELETE
NAME	CAULLEY, MIKE J	
STREET ADDRESS	314 S BROAD ST	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JULIA MCKENZIE	
1.3 STREET ADDRESS	126 N. BROAD ST	
1.4 CITY-ST-ZIP	THOMASVILLE, GA 31792	
2.1 TITLE	ASST. SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOBY N. HOLLAND	
2.3 STREET ADDRESS	126 N. BROAD ST	
2.4 CITY-ST-ZIP	THOMASVILLE, GA 31792	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: **JOBY N. HOLLAND** ASST SECT 7/28/98 912-226-1011

CR2E034 (5/98)