Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90001 003 \*\*\*300.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9600003280 1. Corporation Name

JOHN Q. HAMMONS HOTELS, INC.

SPRINGFIELD MO 65806

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

							]  <b>66</b>     <b>63  6</b>    		#
Principal Place of Business Mailing Address						4 (86)(86) 1150 (81)(1 80)(1 80)(1 80)		J 11881 18	,,, es., ise,
JOHN Q. HAMMONS HOTELS, INC. JO		JOHN Q. HAMMONS HOTEL	IOHN Q. HAMMONS HOTELS. INC.						
300 JOHN Q. HAMMONS PARKWAY 300 JOHN Q. HAMMONS			ARKWAY			DO NOT WEITE I	U TUIC CDAC	_	
SPRINGFIELD M	O 65806	SPRINGFIELD MO 65806	PRINGFIELD MO 65806			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						06/27/1996	r	T	lind For
2. Principal Pl	ace of Business	2a. Mailing Address			•	4. FEI Number 43-1695093	}	<del></del>	lied For Applicable
21		26				43-1083083	82		dditional
Suite, Apt. #, etc		27				5. Certifcate of Status Desired		ee Req	- 1
City & State	3	City & State				6. Election Campaign Financing			viay Be
23		28	_			Trust Fund Contribution	A	dded to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current y			
24	25	29	30			Personal Property Tax.	□Ye	5 L	□No
Name and Address of Current Registered Agent				• 4	`	10. Name and Address of New Regis	stered Agent		
CODI	PORATION SERVICE COMPANY		['	B1	Name				
1201 HAYS STREET			[1	<b>B2</b>	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	AHASEE FL 32301		1	83					-
			Į.				0.5	Zip C	ode
			1	B4	City		FL 85	·	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	unonzea	ו עם	tne corporatio	oration submits this statement for the purports board of directors. I hereby accept the	ose of changi appointment	ng its r as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE:	Registered A	gent	t signature required	d when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTO	RS IN 12
TITLE	COBD	☐ DELETE	1.1 πτ	E	701	FO + DIRECTOR		ange	Addition
NAME	HAMMONS, JOHN Q		1.2 NAA	Æ	1:4	DEBER KENNETH =	Son		
STREET ADDRESS	2450 SKYLINE		1.3 STR	EET	ADDRESS 30	DO HAMMONS PARKWAY #	900		
CITY-ST-ZIP	SPRINGFIELD MO 65804		1.4 CITY		1	PRINGFIELD, MO 6586	X6		
TITLE	COOP	DELETE	2.1 TITL	_	10	RETTOR.	□ ct	nange	Addition
NAME	JONES, DAVID B		2.2 NAN	Æ	Z	APLOU DANIEL C.			
STREET ADDRESS	3995 EAGLECLIFFE DRIVE		2.3 STR	EET	ADDRESS 73	351 RIVERBY NUTO			
CITY-ST-ZIP	SPRINGFIELD MO 65806		2.74 CIT		T-ZIP	WCINNATI DH 45255	· -		
TITLE	TD	☐ DELETE	3.1 TITL	E	7	rectoe_	Ct	ange	Addition
NAME	DOWDY, JACQUELINE A		3.2 NAN	Æ	1/1	MOORE, JAMES F.			
STREET ADORESS	1962 EAST CANTEBURY		3.3 STF	EET	1 .	POUTE 1			
CITY-ST-ZIP	SPRINGFIELD MO 65804		3.4. CIT	Y-S	T-ZIP	TRAFFORD, MD 6575	7		
TITLE	ASD	☐ DELETE	4.1 TITL	_	7)	IRPLIE	□ Ct	nange	Addition
NAME	HART, WILLIAM J.		4.2 NA	ME	1	OPEZ-LIVA, JOHN H WINFIELD, ROAD			
STREET ADDRESS	420 NORTH JEFFERSON		4.3 STR	EET	ADDRESS 6	4 WINFKELD, ROHO	- /		
CITY-ST-ZIP	SPRINGFIELD MO 65802		4.4 CIT	Y-ST	1 /	RINCETON, NJ 08:	540		
TITLE	AS	☐ DELETE	5.1 TITE		<del></del>	, ,	□ CI	nange	Addition
NAME	SHANTZ, DEBRA		5.2 NAX	Æ					
STREET ADDRESS	TOO LIAME ON BARIONAL HOO	0	5.3 STF	REET	ADDRESS				

14. I 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TTTLE

6.2 NAME

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

Addition