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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # F96000005259 (4)

1. Corporation Name

JAMESON INNS, INC.



Principal Place of Business

8 PERIMETER CENTER EAST, STE. 8050  
ATLANTA GA 30346-1603

Mailing Address

8 PERIMETER CENTER EAST, STE. 8050  
ATLANTA GA 30346-1603

3. Date Incorporated or Qualified

10/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when re-registering)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCP  
NAME KITCHIN, THOMAS W  
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050  
CITY-ST-ZIP ATLANTA GA 30346-1603

☐ DELETE

TITLE D  
NAME HISRICH, ROBERT D  
STREET ADDRESS 135 TEABERRY CIRCLE  
CITY-ST-ZIP SOUTH RUSSELL OH 44027-4190

☐ DELETE

TITLE D  
NAME KEARNS, THOMAS J  
STREET ADDRESS 425 E. 79TH ST.  
CITY-ST-ZIP NEW YORK NY 10021

☐ DELETE

TITLE D  
NAME LAWRENCE, MICHAEL E  
STREET ADDRESS 46 BAYNARD PARK RD.  
CITY-ST-ZIP HILTON HEAD SC 29928

☐ DELETE

TITLE CFO  
NAME KITCHIN, CRAIG R  
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050  
CITY-ST-ZIP ATLANTA GA 30346-1603

☐ DELETE

TITLE V  
NAME WALKER, WILLIAM D  
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050  
CITY-ST-ZIP ATLANTA GA 30346-1603

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

CR2E034 (9/96)