

0324575

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005498**

1. Corporation Name  
**SERVICO JAMESTOWN, INC.**

Principal Place of Business  
**1601 BELVEDERE RD.  
SUITE 501S  
WEST PALM BEACH FL 33406**

Mailing Address  
**1601 BELVEDERE RD.  
SUITE 501S  
WEST PALM BEACH FL 33406**

2. Principal Place of Business	2a. Mailing Address
21 <b>Sui 3445 Peachtree Rd. NE</b>	26 <b>3445 Peachtree Rd. NE</b>
22 <b>Suite 700</b>	27 <b>Suite 700</b>
23 <b>City Atlanta, GA 30326</b>	28 <b>Atlanta, GA 30326</b>
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

**CT 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  
85 Zip Code **FL**

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)

12. OFFICERS AND DIRECTORS	
TITLE	13. PRES
NAME	Robert Flanders
STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
CITY-ST-ZIP	Atlanta, GA 30326
TITLE	VST
NAME	Mark Rafuse
STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
CITY-ST-ZIP	Atlanta, GA 30326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/20/1997**

4. FEI Number  
**58-2348783**

5. Certificate of Status Desired ☐ Applied For ☐ Not Applicable

6. Election Campaign Financing ☐ **\$8.75** Additional Fee Required

7. Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SECTORS IN 12  
Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**7000002857797--4**  
**-04/30/99--01034--001**  
**\*\*\*\$150.00 \*\*\*\$150.00**

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

SIGNATURE: 

Robert Flanders 4/28/99 (404) 364-9400

CR2E034 (11/98)