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**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90097 009 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F98000001117

1. Corporation Name  
**TALLAHASSEE CABOT LODGE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1000 RED FERN PLACE, FLOWOOD MS 39208  
 Mailing Address: PO BOX 16807, JACKSON MS 39236-6807

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 02/25/1998  
 4. FEI Number: APPLIED FOR  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: NORRIS, JOHN E ESQ, 201 N. MARION ST, SUITE 301, LAKE CITY FL 32055

10. Name and Address of New Registered Agent (81-85) fields.

\*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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JONES, EARLE F
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD MS 39208
TITLE	VSD
NAME	STURDIVANT, GAINES P
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD MS 39208
TITLE	D
NAME	STURDIVANT, MIKE P
STREET ADDRESS	DUE WEST RD
CITY-ST-ZIP	GLENDORA MS 38928
TITLE	VT
NAME	HART, MICHAEL J
STREET ADDRESS	1000 RED FERN PLACE
CITY-ST-ZIP	FLOWOOD MS 39208
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V/S/D
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/T
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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)(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: Michael J Hart Michael J Hart 2/26/99 (601) 936-3666

CR2E034 (11/98)