

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:30

DOCUMENT # F98816 (4)

1. Corporation Name
THE ORLANDO PLAZA HOTEL CORPORATION

Principal Place of Business	Mailing Address
1817 CRANE RIDGE DR. P. O. BOX 16807 (39236) JACKSON MS 39216-4902	1817 CRANE RIDGE DR. P. O. BOX 16807 (39236) JACKSON MS 39216-4902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/09/1982	3a. Date of Last Report 07/05/1994
4. FEI Number 64-0670751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29

9. Name and Address of Current Registered Agent

**NORRIS, JOHN E.
201 N. MARION STREET-SUITE301
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
(Signature, Title or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, EARLE F.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	DC
NAME	STURDIVANT, MIKE P
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	EVS
NAME	STURDIVANT, GAINES P.
STREET ADDRESS	1817 CRANE RIDGE DR
CITY - ST - ZIP	JACKSON MS
TITLE	VT
NAME	HART, MICHAEL J.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	AS
NAME	WINFORD, GREGORY W.
STREET ADDRESS	1817 CRANE RIDGE DR.
CITY - ST - ZIP	JACKSON MS
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 as changed, or on an attachment with an address.

SIGNATURE: Earle F. Jones 2/10/95 601/982-7713
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR