

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F98816** (4)

1. Corporation Name  
**THE ORLANDO PLAZA HOTEL CORPORATION**



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

3. Date Incorporated or Qualified: 09/09/1982  
 3a. Date of Last Report: 02/21/1995  
 4. FEI Number: 64-0670751  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed to printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, EARLE F.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	STURDIVANT, MIKE P	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	EVS	<input type="checkbox"/> DELETE
NAME	STURDIVANT, GAINES P.	
STREET ADDRESS	1817 CRANE RIDGE DR	
CITY-ST-ZIP	JACKSON MS	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HART, MICHAEL J.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINFORD, GREGORY W.	
STREET ADDRESS	1817 CRANE RIDGE DR.	
CITY-ST-ZIP	JACKSON MS	
TITLE		<input type="checkbox"/> DELETE

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 119.07(3)(k), 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: *Earle F. Jones* 1-30-96 601-982-7713  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)