

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

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1996 SEP -3 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G81424** (5)
1. Corporation Name
SOUTHERN INN, INCORPORATED

Principal Place of Business

C/O LESLIE E. SMITH
1210 N CALHOUN ST
PERRY FL 32347

Mailing Address

C/O LESLIE E. SMITH
1210 N CALHOUN ST
PERRY FL 32347

3. Date Incorporated or Qualified 01/31/1984	3a. Date of Last Report 06/02/1995
4. FEI Number 65-0142616	Applied For Not Applicable
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

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, LESLIE E.
1210 N CALHOUN ST
PERRY FL 32347

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 for printed name with signature and the name of the

(Printed Registered Agent Signature and date of registration)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1. TITLE	☐ Change ☐ Addition
NAME	SMITH, LESLIE	2. NAME	
STREET ADDRESS	1210 N CALHOUN ST	3. STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	4. CITY-ST-ZIP	
TITLE	ST ☐ DELETE	2. TITLE	☐ Change ☐ Addition
NAME	SMITH, KATHLEEN H.	2. NAME	
STREET ADDRESS	1210 N CALHOUN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****225.00 *****225.00

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: *Kathleen H. Smith* *See + Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHLEEN H. SMITH, ST

8-28-96 -- 904-584-2795
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CR2E034 (12/95)