FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P13773** **(7)**

1. Corporation Name
JP HOTELS, INC.

Principal Place of Business	Mailing Address
3414 PEACHTREE RD., N.E., S-300 ATLANTA GA 30326	3414 PEACHTREE RD., N.E., S-300 ATLANTA GA 30326

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/25/1987**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1688789** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM B.	12 NAME		
STREET ADDRESS	3414 PEACHTREE RD NE 300	13 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	Secretary and Vice Pres.	☒ Change ☐ Addition
NAME	CHAMBERS, RUFUS A.,	22 NAME		
STREET ADDRESS	3414 PEACHTREE RD NE 300	23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	FAUSSEMAGNE, JACK	32 NAME		
STREET ADDRESS	3414 PEACHTREE RD NE 300	33 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP		
TITLE	CD	41 TITLE	Chairman/Director/President	☒ Change ☐ Addition
NAME	MARTINDALE, LARRY P.	42 NAME		
STREET ADDRESS	3414 PEACHTREE RD NE 300	43 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☒ Change ☐ Addition
NAME	JONES, ROBERT E.	52 NAME	Delete Robert E. Jones.	
STREET ADDRESS	3414 PEACHTREE RD NE 300	53 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ 4-20-95 404/237-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rufus A. Chambers, Secretary

0003170 CP