

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

ENTERED MAY 15 1996

DOCUMENT # P95000018358 (8)

1. Corporation Name
LODGESOUTH, INC.



Principal Place of Business: 16 VIA DE LUNA PENSACOLA BEACH FL 32561
Mailing Address: 16 VIA DE LUNA PENSACOLA BEACH FL 32561

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report

2. Principal Place of Business: 21 1198 Gulf Breeze Pkwy, Suite 8, Santa Rosa, FL 32561
2a. Mailing Address: 26 1198 Gulf Breeze Pkwy, Suite 8, Santa Rosa, FL 32561

4. FEI Number: 59-3308834
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: JESMONTH, RICHARD E ESQ., 913 GULF BREEZE PARKWAY UNIT #6, GULF BREEZE FL 32561

10. Name and Address of New Registered Agent: 81 Name: Richard R. McAlpin, 82 Street Address: 1198 Gulf Breeze Parkway, 83 Suite 8, 84 City: Gulf Breeze, FL 85 Zip Code: 32561

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] 6/2/96

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: CLARK, DAVID T	
STREET ADDRESS: 1198 GULF BREEZE PARKWAY, SUITE 8	
CITY-ST-ZIP: GULF BREEZE FL 32561	
TITLE: D	<input type="checkbox"/> DELETE
NAME: MCALPIN, RICHARD E	
STREET ADDRESS: 1198 GULF BREEZE PARKWAY, SUITE 8	
CITY-ST-ZIP: GULF BREEZE FL 32561	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-ST-ZIP:	
21 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	D/P/S/T
23 STREET ADDRESS:	McAlpin, Richard R.
24 CITY-ST-ZIP:	1198 Gulf Breeze Pkwy., Suite 8 Gulf Breeze, FL 32561
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-ST-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	600001841096
54 CITY-ST-ZIP:	-05/28/96--01045--001
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	***450.00
63 STREET ADDRESS:	
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 exempt on 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: [Signature] 6/2/96 (904) 934-5095

CR2E034 (12/95)