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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000018358 (8)

1. Corporation Name
LODGESOUTH, INC.



Principal Place of Business

4188 GULF BREEZE PKWY
SUITE 8
GULF BREEZE FL 32561

Mailing Address

4188 GULF BREEZE PKWY
SUITE 8
GULF BREEZE FL 32561-4850

3. Date Incorporated or Qualified 03/03/1995
3a. Date of Last Report 06/28/1996

2. Principal Place of Business
21 127 S. Alcaniz
Suite, Apt. #, etc.

2a. Mailing Address
26 127 S. Alcaniz
Suite, Apt. #, etc.

4. FEI Number 59-3308834
Applied For Not Applicable

22 City & State Pensacola FL

27 City & State Pensacola FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 322501 Country USA

28 Zip 32501 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 9. Name and Address of Current Registered Agent

29 10. Name and Address of New Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

MCALPIN, RICHARD R
4188 GULF BREEZE PKWY
SUITE 8
GULF BREEZE FL 32561

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 127 S. Alcaniz
84 City Pensacola FL 85 Zip Code 32501

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	MCALPIN, RICHARD R	
STREET ADDRESS	4188 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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	127 S. Alcaniz
1.4 CITY - ST - ZIP	Pensacola FL 32501
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hugh Wyatt
2.3 STREET ADDRESS	127 S. Alcaniz
2.4 CITY - ST - ZIP	Pensacola FL 32501
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 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: RRR. McAlpin 2/17/97 (904) 432-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)