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FILED

Feb 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000061855 (8)

1. Corporation Name  
CAPITAL CITY HOTELS, INC.

Principal Place of Business

330 N BROAD ST  
SUITE G  
THOMASVILLE GA 31792

Mailing Address

P O BOX 679  
THOMASVILLE GA 31799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

58-2254022

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3333 Thomasville Rd

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, Fl

24 Zip

32308

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

PERRIN, THOMAS B  
6120 PICKWICK RD  
TALLAHASSEE FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCOTT, COCHRAN A JR  
STREET ADDRESS 330 N BROAD ST SUITE G  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE D ☐ DELETE

NAME MOORE, RANDALL  
STREET ADDRESS 2013 MARTY DR  
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE D ☐ DELETE

NAME PERRIN, THOMAS E  
STREET ADDRESS 551 HIGH OAKS CT  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE

NAME PERRIN, THOMAS B  
STREET ADDRESS 6120 PICKWICK RD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

NAME MITCHELL, EDDIE  
STREET ADDRESS 3536 N MERIDIAN RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

*Thomas B Perrin*  
THOMAS B PERRIN

1-27-98

912-225-9065

CR2E034 (10/97)