FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061855

1. Corporation Name

CAPITAL CITY HOTELS, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90079 044 ***150.00

				·			E1181 E111 18E1
Principal Place of Business Mailing Address							
3333 THOMASVILLE RD P O BOX 679							
TALLAHASSEE FL 32308		THOMASVILLE GA 31799		DO NOT WRITE IN THIS SPACE			
US				3. Date Incorporated or Qualifed			
					07/22/1996		
					4. FEI Number	A	plied For
2. Principal Pla	ce of Business	2a. Mailing Address		58-2254022		ot Applicable	
		26				Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required			
		27		Flection Campaign Financing S5.00 May Be			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28					
Zip Country		Zip Country		8. This corporation owes the current year I	Yes	No	
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Registers	a Again	
			81	Name	_		
	in, thomas b		82 Street A		ress (P.O. Box Number is Not Acceptable)		
6120	PICKWICK RD	0.00					
TALLAHASSEE FL 32308			83				
			-			. 85 Zip	Code
			84	1	F	LITT	ļ
	007.05	no cor 1509 Florida Statutes	the abov	e-named corr	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing it	s registered
11. Pursuant t	o the provisions of Sections 607.050	of Florida. Such change was auth	orized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	contment as r	egistereu
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obligi	ations of, Section 607.0505, Florida	a Statutes	5.			ì
OLONIA TURE					ed when reinstating) DATE		——
Signature, typed or printed flame or registered again and				ent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	CITIEE TO THE STATE OF THE STAT		13. 1.1 TITLE		ADDITIONO/GULUGUE	Change	Addition
TITLE	D	["] DEFEIE					
NAME	SCOTT, COCHRAN A JR		1.2 NAME	i i		•	ì
STREET ADDRESS	330 N BROAD ST SUITE G		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	THOMASVILLE GA 31792		1.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE	j			,
NAME	MOORE, RANDALL		2.2 NAME	:			
	2013 MARTY DR		2.3 STRE	ET ADDRESS			. [
STREET ADDRESS			2.4 CfTY-	-ST-ZIP	*		
CITY-ST-ZIP	T DELETE 141		3.1 TITLE			Change	e Addition
TITLE	U		3.2 NAME	:			ļ
NAME	PERRIN, THOMAS E		9	ET ADDRESS			
STREET ADDRESS	551 HIGH OAKS CT		3.4. CITY				
CITY-ST-ZIP	TALLAHASSEE FL 32312	☐ DELETE	4.1 TITLE			☐ Chang	e 🗌 Addition
TITLE	D	C percie					
NAME	PERRIN, THOMAS B		4, 2 NAM	i			
STREET ADDRESS	6120 PICKWICK RD			ET ADDRESS			,
CITY-ST-ZIP	TALLAHASSEE FL 32308		4.4 CITY			Chang	e Addition
TITLE	D	☐ DELETE	5.1 TITLE			•	Į
NAME	MITCHELL, EDDIE		5.2 NAMI				1
STREET ADDRESS	ACAR MEDIDIAN DO		1	ET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY			Chang	ie Addition
TITLE	<u></u>	☐ DELETE	6.1 TITLE				المستقدم وا
			6.2 NAM	E			
NAME	.]		6.3 STR	EET ADDRESS	,		ĺ
STREET ADDRESS			6.4 CITY	-ST-ZIP			- 1

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 emplemental 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 or an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: