

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

FILED
May 23 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 # **V61285** (5)

1. Corporation Name
OLD DOMINION HOTEL HOLDINGS, INC.



Principal Place of Business 9428 BAYMEADOWS ROAD STE 400 JACKSONVILLE FL 32256 US	Mailing Address 9428 BAYMEADOWS ROAD STE 400 JACKSONVILLE FL 32256-7871 US
---	--

3. Date Incorporated or Qualified 09/02/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3144194	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SMITH HULSEY & BUSEY
1800 FIRST UNION NATIONAL BANK TOWER
225 WATER ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, LARRY E	
STREET ADDRESS	4160 BURNING TREE LANE SOUTH	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JAMES M	
STREET ADDRESS	119 ALVERSTONE RD	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRINER, BETTY J	
STREET ADDRESS	11701 CISCO GARDEN ROAD	
CITY - ST - ZIP	JACKSONVILLE FL	
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

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Koerner, Philip D.	
1.3 STREET ADDRESS	55 West Street	
1.4 CITY - ST - ZIP	Keene, NH 03431	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Royer, David L.	
2.3 STREET ADDRESS	55 West Street	
2.4 CITY - ST - ZIP	Keene, NH 03431	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McKenney, William C.	
3.3 STREET ADDRESS	55 West Street	
3.4 CITY - ST - ZIP	Keene, NH 03431	
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 addition with an address.

SIGNATURE:

WILLIAM C. MCKENNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 (603) 358-1440
Date Daytime Phone

CR2E034 (9/96)