

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P04808 (2)**

1. Corporation Name
CABOT LODGE, INC.



Principal Place of Business: **1817 CRANE RIDGE P.O. BOX 16807 (39236) JACKSON MS 39216**
Mailing Address: **1817 CRANE RIDGE P.O. BOX 16807 (39236) JACKSON MS 39216**

3. Date Incorporated or Organized: **01/28/1985** 3a. Date of Last Report: **02/21/1995**
4. FET Number: **64-0698251** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**NORRIS, JOHN E.
201 N. MARION STREET
LAKE CITY FL 32055**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0509 and 607.1509, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	JONES, EARLE F.	
12.3 STREET ADDRESS	1817 CRANE RIDGE DR. JACKSON MS	
12.4 CITY, ST, ZIP	JACKSON MS	
12.5 TITLE	VSD	<input type="checkbox"/> DELETE
12.6 NAME	STURDIVANT, GAINES P.	
12.7 STREET ADDRESS	1817 CRANE RIDGE DR. JACKSON MS	
12.8 CITY, ST, ZIP	JACKSON MS	
12.9 TITLE	CD	<input type="checkbox"/> DELETE
12.10 NAME	STURDIVANT, MIKE P.	
12.11 STREET ADDRESS	RT. 1 GLENDDORA MS	
12.12 CITY, ST, ZIP	AS	
12.13 TITLE	AS	<input type="checkbox"/> DELETE
12.14 NAME	WINFORD, GREGORY W.	
12.15 STREET ADDRESS	1817 CRANE RIDGE DR. JACKSON MS	
12.16 CITY, ST, ZIP	JACKSON MS	
12.17 TITLE	VT	<input type="checkbox"/> DELETE
12.18 NAME	HART, MICHAEL J.	
12.19 STREET ADDRESS	1817 CRANE RIDGE DR. JACKSON MS	
12.20 CITY, ST, ZIP	JACKSON MS	
12.21 TITLE		<input type="checkbox"/> DELETE
12.22 NAME		
12.23 STREET ADDRESS		
12.24 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trustee 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: *Charles P. Sturdivant*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 401-982-7713

CR2E034 (12/95)