

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

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Mar 10 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 # P04808 (2)  
1. Corporation Name  
CABOT LODGE, INC.



Principal Place of Business: 1817 CRANE RIDGE, P.O. BOX 16807, JACKSON MS 39216  
Mailing Address: 1817 CRANE RIDGE, P.O. BOX 16807 (39236), JACKSON MS 39216-4902

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1000 Red Fern Place	26 P.O. Box 16807	01/28/1985	02/12/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Flowood MS	28 Jackson MS	64-0698251	Not Applicable
24 39208 Rankin	29 39236-6807 Rankin	5. Certificate of Status Desired	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NORRIS, JOHN E. 201 N. MARION STREET LAKE CITY FL 32055		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.			

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  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EARLE F.	1.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	1.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	1.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, GAINES P.	2.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	2.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	2.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	CD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURDIVANT, MIKE P.	3.2 NAME	
STREET ADDRESS	RT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLENDORA MS	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINFORD, GREGORY W.	4.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	4.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	4.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE	VT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, MICHAEL J.	5.2 NAME	
STREET ADDRESS	1817 CRANE RIDGE DR.	5.3 STREET ADDRESS	1000 Red Fern Place
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	Flowood, MS 39208
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Earle F. Jones, President 2/24/97 601/936-3666 XT 128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)