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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P04808

1. Corporation Name
CABOT LODGE, INC.



Principal Place of Business

Mailing Address

1000 RED FERN PLACE
 P.O. BOX 16807 (39236)
 FLOWOOD MS 39208
 US

PO BOX 16807
 P.O. BOX 16807 (39236)
 JACKSON MS-39216
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/28/1985

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0698251

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25

29 30

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.

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME JONES, EARLE F.
 STREET ADDRESS 1000 RED FERN PLACE
 CITY-ST-ZIP FLOWOOD MS

1.1 TITLE P/D Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE VSD DELETE
 NAME STURDIVANT, GAINES P.
 STREET ADDRESS 1000 RED FERN PLACE
 CITY-ST-ZIP FLOWOOD MS

2.1 TITLE V/S/D Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE CD DELETE
 NAME STURDIVANT, MIKE P.
 STREET ADDRESS RT. 1
 CITY-ST-ZIP GLENDORA MS

3.1 TITLE C/D Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE VPT DELETE
 NAME HART, MICHAEL J.
 STREET ADDRESS 1000 RED FERN PLACE
 CITY-ST-ZIP FLOWOOD MS

4.1 TITLE V/T Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Michael J. Hart Michael J. Hart

1/26/99 (601) 936-3666

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)