

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:29

DOCUMENT # **F22174** (9)

1. Corporation Name
ORANGE LAKE COUNTRY CLUB, INC.

Principal Place of Business Mailing Address
8505 IRLO BRONSON MEM HWY 8505 W IRLO BRONSON MEM HWY
P. O. BOX 30185 P. O. BOX 30185
KISSIMMEE FL 34747 KISSIMMEE FL 34747
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/05/1981 3a. Date of Last Report 03/25/1994

4. FEI Number 58-1434701 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

TITLE	EVP
NAME	SWAN, CHARLES K III
STREET ADDRESS	8505 W IRLO BRONSON MEM HWY
CITY-ST-ZIP	KISSIMMEE FL
TITLE	P
NAME	WILSON, SPENCE
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	D
NAME	WEST, CAROLE WILSON
STREET ADDRESS	1629 WINCHESTER RE
CITY-ST-ZIP	MEMPHIS TN
TITLE	VP
NAME	WILSON, KEMMONS JR
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	VT
NAME	PETTEY, JOHN
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN
TITLE	S
NAME	WALLIN, R.E.
STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34747
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILSON D/P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	38116
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	38116
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	38116
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	38116
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	38116

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)(b), 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:

Brian Lower
BRIAN T LOWER
Vice President

2/15/95 (407) 239-1034
Date (Mailing 1/15/95)

12.

OFFICERS AND DIRECTORS (CONTINUED)

ORANGE LAKE COUNTRY CLUB, INC.

TITLE: DVP
NAME: Robert A. Wilson
STREET ADDRESS: 1629 Winchester Road
CITY-ST-ZIP: Memphis, TN 38116

TITLE: Vice President
NAME: Karen Holbrook
STREET ADDRESS: 8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP: Kissimmee, FL 34747

TITLE: D
NAME: Kemmons Wilson
STREET ADDRESS: 1629 Winchester Road
CITY-ST-ZIP: Memphis, TN 38116

TITLE: D
NAME: Betty Wilson Moore
STREET ADDRESS: 1629 Winchester Road
CITY-ST-ZIP: Memphis, TN 38116

12.

OFFICERS AND DIRECTORS (CONTINUED)

ORANGE LAKE COUNTRY CLUB, INC.

TITLE: Assistant Secretary
NAME: Amy Jarreau
STREET ADDRESS: 1629 Winchester Road
CITY-ST-ZIP: Memphis, TN 38116

TITLE: Assistant Treasurer
NAME: Gary McClain
STREET ADDRESS: 1629 Winchester Road
CITY-ST-ZIP: Memphis, TN 38116

TITLE: Vice President
NAME: Brian T. Lower
STREET ADDRESS: 8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP: Kissimmee, FL 34747

TITLE: Vice President
NAME: H. Douglas Miller
STREET ADDRESS: 8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP: Kissimmee, FL 34747

12.

OFFICERS AND DIRECTORS (CONTINUED)

ORANGE LAKE COUNTRY CLUB, INC.

TITLE: Vice President
NAME: Ron Durbin
STREET ADDRESS: 8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP: Kissimmee, FL 34747

TITLE: Vice President
NAME: Cecil Carney
STREET ADDRESS: 8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP: Kissimmee, FL 34747
