

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F22174** (9)

1. Corporation Name

**ORANGE LAKE COUNTRY CLUB, INC.**



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

3. Date Incorporated or Qualified: **03/05/1981**  
3a. Date of Last Report: **03/08/1995**  
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 (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip 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 (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **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 officer 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 filing change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWAN, CHARLES K III</b>	1.2 NAME	
STREET ADDRESS	<b>8505 W IRLO BRONSON MEM HWY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	1.4 CITY-ST-ZIP	<b>Please see attached statement</b>
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, SPENCE</b>	2.2 NAME	<b>CHARLES K. SWAN III</b>
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	2.3 STREET ADDRESS	<b>8505 W. Irlo Bronson Mem Hwy</b>
CITY-ST-ZIP	<b>MEMPHIS TN</b>	2.4 CITY-ST-ZIP	<b>Kissimmee, Fl 34747</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEST, CAROLE WILSON</b>	3.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER RE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, KEMMONS JR</b>	4.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETTEY, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLIN, R.E.</b>	6.2 NAME	
STREET ADDRESS	<b>1629 WINCHESTER RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MEMPHIS TN</b>	6.4 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 115.07(3)(k), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Brian T. Lower**

2/5/96 (401) 239-1034

CR2E034 (12/95)

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CORPORATION ANNUAL REPORT  
STATE OF FLORIDA  
SECRETARY OF STATE

DUE DATE 05/01/96

CO. NAME: ORANGE LAKE COUNTRY CLUB, INC.  
8505 W. IRLO BRONSON MEM. HWY.  
KISSIMMEE, FLORIDA 34747

FEDERAL I.D.: 58-1434701

PRESIDENT: CHARLES K. SWAN III  
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY  
KISSIMMEE, FL 34747

V. PRES.: C. KEMMONS WILSON, JR.  
V. PRES.: ROBERT A. WILSON  
V. PRES.: JOHN PETTEY III  
ADDRESS: 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

V. PRES.: KAREN HOLBROOK  
V. PRES.: BRIAN T. LOWER  
V. PRES.: CECIL CARNEY  
V. PRES.: LAURA GRIFFANI  
ASST. V. PRES.: LORI STREMKOWSKI  
ASST. V. PRES.: CHRISTINE WELDER  
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY.  
KISSIMMEE, FL 34747

SECRETARY: R.E. WALLIN  
ASS'T. SEC.: WILLIAM BATT AND AMY JARREAU  
ADDRESS: 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

TREASURER: JOHN H. PETTEY III  
ASS'T. TREAS.: WILLIAM BATT AND GARY MCCLAIN  
ADDRESS: 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

DIRECTOR: KEMMONS WILSON  
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: SPENCE WILSON  
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: ROBERT A. WILSON  
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: C. KEMMONS WILSON, JR.  
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: CAROLE WILSON WEST  
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

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DIRECTOR:  
ADDRESS:

BETTY WILSON MOORE  
1629 WINCHESTER ROAD, MEMPHIS, TN 38116

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