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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # F93000004640 (9)**  
1. Corporate Name  
**CMH PARKS, INC.**

Principal Place of Business: **4726 AIRPORT HWY LOUISVILLE TN 37777 US**  
Mailing Address: **P O BOX 2565 KNOXVILLE TN 37901 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/14/1993**      3a. Date of Last Report: **03/29/1994**

4. FEI Number: **62-1362749**      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. 190.032 Florida Statutes:  Yes  No

2. Principal Place of Incorporation: **21** State: **41** **TN**

2a. Mailing Address: **26** State: **41** **TN**

22. City & State: **27** City: **41** **TN**

23. City & State: **28** City: **41** **TN**

24. Zip: **25** **37777** Country: **29** **US**      30. Country: **30** **US**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: \_\_\_\_\_

82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

83. \_\_\_\_\_

84. City: \_\_\_\_\_      85. FL      86. No Code

11. Pursuant to the provisions of Sections 190.031, 190.032, and 190.033 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State. If a 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 190.032 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b>	<b>STEGMAYER, JOSEPH 4726 AIRPORT HIGHWAY LOUISVILLE TN</b>
TITLE: <b>VPD</b>	<b>WAITE, STEVEN 4726 AIRPORT HIGHWAY LOUISVILLE TN</b>
TITLE: <b><del>0</del></b>	<b><del>CLAYTON, KEVIN T 4726 AIRPORT HIGHWAY LOUISVILLE KY</del></b>
TITLE: <b>T</b>	<b>RHOADES, TIM 4726 AIRPORT HIGHWAY LOUISVILLE TN</b>
TITLE: <b>AS</b>	<b>BLACKWOOD, BRETT 4726 AIRPORT HIGHWAY LOUISVILLE TN</b>
TITLE: <b>D</b>	<b>CLAYTON, JAMES L 4726 AIRPORT HWY LOUISVILLE TN</b>

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>VP</b>	<b>WILLIAMS, TIM 4726 AIRPORT HWY LOUISVILLE, TN 37777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>ASST. SEC</b>	<b>NORWOOD, MIKE 4726 AIRPORT HWY LOUISVILLE, TN 37777</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>SEC</b>	<b>BLACKWOOD, BRETT 4726 AIRPORT HWY LOUISVILLE, TN 37777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>CEO/DIR</b>	<b>CLAYTON, JAMES L 4726 AIRPORT HWY LOUISVILLE, TN 37777</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily prepared and filed and equally for the corporation stated in Section 190.032(3)(b) Florida Statutes. I further certify that the information was filed for the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made on the certificate that has an affidavit on file for the corporation in the name of the officer or director empowered to make the report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 or Block 13 of changes of officer information with an address.

SIGNATURE: *Timothy R. Rhoades*      **TIMOTHY R. RHOADES**      (615) 970-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR