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May 12 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 # F93000004640 (9)
1. Corporation Name
CMH PARKS, INC.



Principal Place of Business: 625 MARKET STREET, 8TH FLOOR, KNOXVILLE TN 37777 US
Mailing Address: P O BOX 2565, KNOXVILLE TN 37801-2565 US

3. Date Incorporated or Qualified: 10/14/1993
3a. Date of Last Report: 05/01/1996
4. FEI Number: 62-1362749
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: 21 623 Market Street
2a. Mailing Address: 26
22. Suite, Apt #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29 Zip: 30 Country: 30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDT	NAME: STEGMAYER, JOSEPH	1.1 TITLE: PDT	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 625 MARKET STREET, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	1.2 NAME: Stegmayer, Joseph	
		1.3 STREET ADDRESS: 623 Market Street, 8th floor	
		1.4 CITY-ST-ZIP: Knoxville, TN 37902	
TITLE: VPD	NAME: WAITE, STEVEN	2.1 TITLE: VPD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 625 MARKET STREET, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	2.2 NAME: Nicely, Chris	
		2.3 STREET ADDRESS: 623 Market Street, 8th floor	
		2.4 CITY-ST-ZIP: Knoxville, TN 37902	
TITLE: VP	NAME: GREEN, TIM	3.1 TITLE: S	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 625 MARKET STREET, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	3.2 NAME: Jordan, David	
		3.3 STREET ADDRESS: 623 Market Street, 8th floor	
		3.4 CITY-ST-ZIP: Knoxville, TN 37902	
TITLE: AS	NAME: NORWOOD, MIKE	4.1 TITLE: V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 625 MARKET STREET, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	4.2 NAME: Kalec, John	
		4.3 STREET ADDRESS: 623 Market Street, 8th floor	
		4.4 CITY-ST-ZIP: Knoxville, TN 37902	
TITLE: S	NAME: BLACKWOOD, BRETT	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 625 MARKET STREET, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: CEO	NAME: CLAYTON, JAMES L.	6.1 TITLE: CEO	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 625 MARKET ST, 8TH FLOOR	CITY-ST-ZIP: KNOXVILLE TN	6.2 NAME: Clayton, James L.	
		6.3 STREET ADDRESS: 623 Market Street, 7th floor	
		6.4 CITY-ST-ZIP: Knoxville, TN 37902	

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:  John Kalec 4.30.97 (423) 970-7200
Date: 4.30.97 Daytime Phone: (423) 970-7200

CR2E034 (9/96)