FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790684** **(5)**

1. Corporation Name

NATIONAL WATERMELON ASSOCIATION, INC.

Principal Place of Business	Mailing Address
406 RAILROAD ST. MORVEN GA 31638	P.O. BOX 38 MORVEN GA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 04/27/1994
4. FEI Number: 58-0551994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 31638 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WARD JR., W R 3825 SOUTH FLORIDA AVENUE (SOUTH LOOP DRIVE) LAKELAND FL 33803	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CD	☒ Change ☒ Addition
NAME	SMITH, THOMAS A.	1.2 NAME		
STREET ADDRESS	HWY. 80 WEST	1.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	33935	
TITLE	VD	2.1 TITLE		☐ Change ☒ Addition
NAME	MACK, ARNOLD	2.2 NAME		
STREET ADDRESS	7100 PLANTATION RD., SUITE 4	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	32524	
TITLE	CD	3.1 TITLE	D	☒ Change ☒ Addition
NAME	PRICE, BRUCE D.	3.2 NAME		
STREET ADDRESS	HWY. 281 SOUTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	HINTON OK	3.4 CITY-ST-ZIP	73047	
TITLE	VD	4.1 TITLE	PD	☒ Change ☒ Addition
NAME	FIELD, ANITA	4.2 NAME		
STREET ADDRESS	711 S. 6TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	VINCENNES IN	4.4 CITY-ST-ZIP	47591	
TITLE	EST	5.1 TITLE		☐ Change ☒ Addition
NAME	CHILDERS, NANCY Y.	5.2 NAME		
STREET ADDRESS	406 E/S RAILROAD ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MORVEN GA	5.4 CITY-ST-ZIP	31638	
TITLE	D	6.1 TITLE	VD	☒ Change ☒ Addition
NAME	BUNCH, PERCY E.	6.2 NAME	ZAFERIS, JAMES E.	
STREET ADDRESS	HWY. 158 EAST	6.3 STREET ADDRESS	1811 Sacramento St.	
CITY-ST-ZIP	MURFREESBORO NC	6.4 CITY-ST-ZIP	Los Angeles, CA 90021	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy Childers Nancy Childers, Exec. S/T 4/24/95 912/775-2130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079031

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **820280** **(6)**

1. Corporation Name
SHERATON MIAMI CORPORATION

Principal Place of Business	Mailing Address
SIXTY STATE ST BOSTON MA 02109	SIXTY STATE ST BOSTON MA 02109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/08/1967**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: **59-1168133** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	LATHAM, JAMES D.	1.2 NAME	
STREET ADDRESS	SIXTY STATE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 0	1.4 CITY-ST-ZIP	
TITLE	CPD	2.1 TITLE	☐ Change ☐ Addition
NAME	KAPIOLTAS, JOHN	2.2 NAME	
STREET ADDRESS	SIXTY STATE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 00000	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PETER (ASST)	3.2 NAME	
STREET ADDRESS	SIXTY STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 0	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	BRAVERMAN, RICHARD	4.2 NAME	
STREET ADDRESS	SIXTY STATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 0	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	FURLONG, BRENDA J.	5.2 NAME	
STREET ADDRESS	SIXTY STATE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIE, EDWARD	6.2 NAME	
STREET ADDRESS	60 STATE STR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	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 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. Peter Johnson

SIGNATURE: X Peter O. Johnson ASST. SEC'y 5/20/95 (617) 807-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0383330 FP