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 MAY -1 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000966 (1)**

1. Corporation Name
MCNEILL HOTEL CO., INC.

Principal Place of Business	Mailing Address
4735 SPOTTSWOOD SUITE 201 MEMPHIS TN 38117	4735 SPOTTSWOOD SUITE 201 MEMPHIS TN 38117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

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) County (25)
Zip (29) County (30)

4. FEI Number: ~~APPLIED FOR~~ 62-1557619 ☐ 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

C T CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	President ☒ Change ☐ Addition
NAME	~~MANESS, D. ANTHONY~~	12 NAME	Phillip McNeill Jr
STREET ADDRESS	4735 SPOTTSWOOD	13 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	14 CITY-ST-ZIP	
TITLE	~~ST~~	21 TITLE	SECRETARY-TREASURER ☒ Change ☐ Addition
NAME	HICKS, MARY HELEN	22 NAME	CONNIE PARKER
STREET ADDRESS	4735 SPOTTSWOOD	23 STREET ADDRESS	4735 SPOTTSWOOD
CITY-ST-ZIP	MEMPHIS TN 38117	24 CITY-ST-ZIP	MEMPHIS, TN 38117
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	MCNEILL, PHILLIP H JR	32 NAME	
STREET ADDRESS	4735 SPOTTSWOOD	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	RAY, SPENCE	42 NAME	
STREET ADDRESS	4735 SPOTTSWOOD	43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCNEILL, PHILLIP H SR	52 NAME	
STREET ADDRESS	4735 SPOTTSWOOD	53 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PARKER, CONNIE O	62 NAME	
STREET ADDRESS	4735 SPOTTSWOOD	63 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38117	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely 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 above, or on an attachment with an address.

SIGNATURE: Phillip H. McNeill, Jr. 5/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE

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