

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000001392 (9)**

1. Corporation Name

WINCHESTER RIVER, INC.



Principal Place of Business

**6799 GREAT OAKS RD
STE 207
MEMPHIS TN 38138
US**

Mailing Address

**6799 GREAT OAKS RD
STE 207
MEMPHIS TN 38138
US**

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

08/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **6075 Poplar Avenue**

26 **6075 Poplar Avenue**

4. FEI Number

62-1564448

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

Suite 229

Suite 229

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23 City & State

28 City & State

Memphis, TN

Memphis, TN

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

38119

USA

38119

USA

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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

Signature of corporation (must be signed by authorized officer or director)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
JERNIGAN, DEAN**
STREET ADDRESS **6799 GREAT OAKS RD STE 207**
CITY-ST-ZIP **MEMPHIS TN**

TITLE ☐ DELETE

NAME **SD
CONWAY, W. MICHAEL**
STREET ADDRESS **889 RIDGE LAKE BLVD.**
CITY-ST-ZIP **MEMPHIS TN 38120**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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; 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

DEAN JERNIGAN

4-17-96

901-762-0000

Date

Daytime Phone #

CR2E034 (12/95)