

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90031 013 \*\*\*150.00

**DOCUMENT # F94000001843**

**1. Entity Name**  
**WALKEM DEVELOPMENT COMPANY OF KNOXVILLE, INC.**

Principal Place of Business

Mailing Address

PO BOX 30185  
 MEMPHIS TN 38116

PO BOX 30185  
 MEMPHIS TN 38116

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 62-1016071

Applied For  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

AGC CO  
 SUITE 2300  
 200 SOUTH ORANGE AVENUE  
 ORLANDO FL 32801

Name **Brian Lower**  
 Street Address (P.O. Box Number is Not Acceptable)  
**ORANGE LAKE Country Club**  
**8505 W. Irlo Branson Memorial Hwy**  
 City **Kissimmee** FL Zip Code **34747**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WILSON, KEMMONS<br>1629 WINCHESTER ROAD<br>MEMPHIS TN 38116 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T<br>William Batt<br>1629 Winchester Road Memphis, TN 38116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WILSON, SPENCE<br>1629 WINCHESTER ROAD<br>MEMPHIS TN 38116 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Asst. T/ Asst. S<br>Chip Crenshaw<br>1629 Winchester Road Memphis, TN 38116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>WALLIN, R E<br>1629 WINCHESTER ROAD<br>MEMPHIS TN 38116 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Asst. S<br>Amy Jarreau<br>1629 Winchester Road<br>Memphis, TN 38116 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILSON, C K JR<br>1629 WINCHESTER ROAD<br>MEMPHIS TN 38116 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WILSON, ROBERT<br>1629 WINCHESTER ROAD<br>MEMPHIS TN 38116 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE William Batt  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01-901-346-8800  
 Date Daytime Phone #

CR2E034 (10/00)

Attachment

Doc. # <sup>831635</sup> F94000001843

**CORPORATION ANNUAL REPORT  
STATE OF FLORIDA  
SECRETARY OF STATE**

**FEDERAL ID #** 62-1016071  
**CO. NAME** WALKEM DEVELOPMENT CO. OF  
KNOXVILLE

**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

**PRESIDENT** C. KEMMONS WILSON  
**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

**V. PRESIDENT** ROBERT A. WILSON  
**V. PRESIDENT** SPENCE WILSON  
**V. PRESIDENT** KEM WILSON, JR.  
**ASST. V. PRESIDENT** CHARLES SWAN,  
**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

**SECRETARY** R.E. WALLIN  
**ASST. SEC.** CHIP CRENSHAW, AMY JARREAU  
**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

**TREASURER** WILLIAM BATT  
**ASST. TREAS.** CHIP CRENSHAW  
**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116

**DIRECTOR** KEMMONS WILSON  
**DIRECTOR** SPENCE WILSON  
**DIRECTOR** C. KEMMONS WILSON JR.  
**ADDRESS** 1629 WINCHESTER ROAD  
MEMPHIS, TN 38116