

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000000462**

1. Corporation Name

**ORANGE COUNTY HOTEL CO., INC.**

Principal Place of Business

**1629 WINCHESTER RD  
MEMPHIS TN 38116**

Mailing Address

**1629 WINCHESTER RD  
MEMPHIS TN 38116**

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90019 001 \*1,200.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/29/1996**

4. FEI Number

**62-1626483**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**LOWER, BRIAN T  
8505 W. IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34747**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT A	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLOVER, GEORGE	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	PETTEY, JOHN H III	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, C. KEMMONS JR	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, SPENCE	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN 38116	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALLIN, R.E.	
STREET ADDRESS	1629 WINCHESTER RD	
CITY-ST-ZIP	MEMPHIS TN 38116	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/99 901-346-8800**

Date

Daytime Phone #

CR2E034 (1/98)