


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F98000001052 1. Entity Name KEMMONS WILSON, INC.	
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Principal Place of Business 8700 TRAIL LAKE DRIVE WEST 300 MEMPHIS, TN 38125	Mailing Address 8700 TRAIL LAKE DRIVE WEST 300 MEMPHIS, TN 38125
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1723152	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  SPRINGER, BILLY 2147-G PORTER LAKE DRIVE SARASOTA, FL 34240
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPRINGER, BILLY 2147-G PORTER LAKE DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, SPENCE 8700 TRAIL LAKE DRIVE WEST, SUITE 300 MEMPHIS, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, ROBERT A 870 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON JR, C K 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WALLIN, R E 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BATT, WILLIAM 8700 TRAIL LAKE DR. WEST, STE 300 MEMPHIS, TN 38125

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01/27/04-80037-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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 \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_