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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H74059** (7)

1. Corporation Name
WILDWOOD ACRES DEVELOPMENT, INC.



Principal Place of Business 224 WHITE BRIDGE RD. NASHVILLE TN 37209 US	Mailing Address 224 WHITE ROAD NASHVILLE TN 37206-3207 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1985	3a. Date of Last Report 07/05/1996
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 62-1281871	Applied For Not Applicable		
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24 Country	29 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GARDNER, STEVE BUSH ROSS ATTORNEYS 220 FRANKLIN STREET TAMPA FL 33602		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	NAME NOEL, LEE	1.1 TITLE PD	1.2 NAME ANDREWS, NELSON
STREET ADDRESS 305 LYNWOOD BLVD.	CITY-ST-ZIP NASHVILLE TN	1.3 STREET ADDRESS 224 WHITE BRIDGE ROAD	1.4 CITY-ST-ZIP NASHVILLE, TN 37209
TITLE PD	NAME ANDREWS, CARTER	2.1 TITLE	2.2 NAME
STREET ADDRESS 224 WHITE BRIDGE ROAD	CITY-ST-ZIP NASHVILLE TN	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Nelson C. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)