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FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K26995

(6)

1. Corporation Name

VACATION RESORT RESALES, INC.

Principal Place of Business

8505 W. IRLO BRONSON MEM. HIGHWAY
KISSIMMEE FL 34747
US

Mailing Address

8505 W. IRLO BRONSON MEM. WAY
KISSIMMEE FL 34747-8206
US



2. Principal Place of Business

21 8505 W Irlo Bronson Mem Hwy

Suite, Apt. #, etc.

22

City & State

23 Kissimmee, FL

Zip

24 34747-8201

Country

25 USA

2a. Mailing Address

26 8505 W Irlo Bronson Mem Hwy

Suite, Apt. #, etc.

27

City & State

28 Kissimmee, FL

Zip

29 34747-8201

Country

30 USA

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

03/06/1996

4. FEI Number

62-1357128

Applied For

Not Applicable

5. Certificate of Status Desired

☒ Yes

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 D
NAME WILSON, KEMMONS
STREET ADDRESS 1629 WINCHESTER ROAD
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

TITLE P
NAME SWAN, CHARLES K. III
STREET ADDRESS 8505 W IRLO BRONSON MEM HWY
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE VPO
NAME WILSON, ROBERT A.
STREET ADDRESS 1629 WINCHESTER ROAD
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

TITLE VD
NAME WILSON, C. KEMMONS, JR.
STREET ADDRESS 1629 WINCHESTER ROAD
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

TITLE D
NAME MOORE, BETTY WILSON
STREET ADDRESS 1629 WINCHESTER ROAD
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

TITLE VPT
NAME PETTEY, JOHN
STREET ADDRESS 1629 WINCHESTER ROAD
CITY-ST-ZIP MEMPHIS TN ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS (see attached sheet)
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, changed or on an attachment with an address.

SIGNATURE:

SIGNATURE OF PRESIDENT Brian T. Lower
By Brian T. Lower, President

1/22/97 (407) 239-5200

CR2E034 (9/96)

VACATION RESORT RESALES, INC.

(FEI # 62-1357128)

**1629 Winchester Road
Memphis, TN 38116**

Kemmons Wilson	D/ C Emeritus
Spence Wilson	D/ C
Robert A. Wilson	D/ V
C. Kemmons Wilson Jr.	D/ V
Betty Wilson Moore	D
Carole Wilson West	D
John Pettey	V/ T
R.E. Wallin	S
William R. Batt	Asst. S/ Asst.T
Amy Jarreau	Asst. S
Gary McClain	Asst. T

**8505 West Irlo Bronson Memorial Highway
Kissimmee, FL 34747**

Charles K. Swan III	P
Brian T. Lower	V
Karen Holbrook	V
Gail B. Hansen	Asst. S
Filomena A. Pascual	Asst. V

**P=President, V=Vice President, T=Treasurer, S=Secretary, D=Director, C=Chariman,
Asst.=Assistant**