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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• CORPORATION ANNUAL REPORT • **1995**

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

DOCUMENT # **K58935** **(3)**

1. Corporation Name
WI - JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
1629 WINCHESTER ROAD MEMPHIS TN 38116	1629 WINCHESTER ROAD MEMPHIS TN 38116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1989	3a. Date of Last Report: 04/20/1994
4. FEI Number: 62-1388146	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (If Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	V.P.	☐ Change ☒ Addition
NAME	WILSON, KEMMONS	12 NAME	GEORGE GLOVER	
STREET ADDRESS	1629 WINCHESTER RD.	13 STREET ADDRESS	1629 WINCHESTER RD	
CITY ST ZIP	MEMPHIS TN	14 CITY ST ZIP	MEMPHIS, TN 38116	
TITLE	PD	21 TITLE	S	☐ Change ☒ Addition
NAME	WILSON, SPENCE	22 NAME	R.E WALLIN	
STREET ADDRESS	1629 WINCHESTER RD.	23 STREET ADDRESS	1629 WINCHESTER	
CITY ST ZIP	MEMPHIS TN	24 CITY ST ZIP	MEMPHIS, TN 38116	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	WILSON, ROBERT A.	32 NAME	400001475244	
STREET ADDRESS	1629 WINCHESTER RD.	33 STREET ADDRESS	-05/04/95--01005--025	
CITY ST ZIP	MEMPHIS TN	34 CITY ST ZIP	***1200.00 ****200.00	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	WILSON, C. KEMMONS JR.	42 NAME		
STREET ADDRESS	1629 WINCHESTER RD.	43 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN	44 CITY ST ZIP		
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	PETTEY, JOHN	52 NAME		
STREET ADDRESS	1629 WINCHESTER RD.	53 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WILSON, ROBERT A	62 NAME		
STREET ADDRESS	1629 WINCHESTER RD.	63 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN	64 CITY ST ZIP		RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: John H Pettey III V.P. JOHN H. PETTEY, III 3/15/95 (901)346-8800
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0478890 FP