FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06769 (6)

1. Corporation Name

WILSON WORLD MAINGATE CONDOMINIUM ASSOCIATION, I NC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1984
3a. Date of Last Report: 04/20/1994
4. FEI Number: 62-1223046 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, SPENCE	12 NAME	300001475273
STREET ADDRESS	1629 WINCHESTER RD	13 STREET ADDRESS	-05/04/95--01005--025
CITY-ST-ZIP	MEMPHIS TN	14 CITY-ST-ZIP	***1200.00 ****200.00
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBERT A	22 NAME	
STREET ADDRESS	1629 WINCHESTER RD	23 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, KEMMONS JR	32 NAME	
STREET ADDRESS	1629 WINCHESTER RD	33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WILSON, KEMMONS SR	42 NAME	
STREET ADDRESS	1629 WINCHESTER RD	43 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	44 CITY-ST-ZIP	
TITLE	T	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	SD	61 TITLE	☒ Change ☐ Addition
NAME	WALLIN, R. E.	62 NAME	S WALLIN, R.E.
STREET ADDRESS	1629 WINCHESTER RD.	63 STREET ADDRESS	1629 WINCHESTER RD
CITY-ST-ZIP	MEMPHIS TN	64 CITY-ST-ZIP	MEMPHIS, TN 38116

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 617, 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 3/1995 (901)346-8800
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074273