

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 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 # P12687

(0)

1. Corporation Name:

KEMMONS WILSON, INC.



Principal Place of Business

1629 WINCHESTER ROAD  
P.O. BOX 30185  
MEMPHIS TN 38130

Mailing Address

1629 WINCHESTER ROAD  
P.O. BOX 30185  
MEMPHIS TN 38130-0185

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

04/23/1996

4. FEI Number

62-0730613

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

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	PD	<input type="checkbox"/> DELETE
NAME	WILSON, SPENCE	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT A.	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	WILSON, C. KEMMONS JR.	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WALLIN, R.E.	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETTEY, JOHN	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRINGER, BILLY	
STREET ADDRESS	1629 WINCHESTER ROAD	
CITY- ST- ZIP	MEMPHIS TN 38130	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	2147-G PORTER LAKE DR.
6.4 CITY- ST- ZIP	SARASOTA, FL 34240

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:

*Spence Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SPENCE WILSON

4/14/97  
Date

901-346-8800  
Daytime Phone #

CR2E034 (9/96)