FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P32335** **(2)**

1. Corporation Name

DAVIDSON HOTEL COMPANY

Principal Place of Business	Mailing Address
1755 LYNNFIELD ROAD. SUITE 142 MEMPHIS TN 38119	1755 LYNNFIELD ROAD. SUITE 142 MEMPHIS TN 38119

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

3. Date Incorporated or Qualified: **12/28/1990**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **58-1268370** ☐ Applied For ☐ Not Applicable

5. Certificate of Status is Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation is subject for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
1916 SOUTH CENTRAL AVENUE
LAKELAND FL 33802

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 Section 607.0502 and 607.1005, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HILL, WILTON D.		12 NAME	
STREET ADDRESS	1755 LYNNFIELD RD., #142		13 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		14 CITY ST ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	TIPTON, RALPH E.		22 NAME	
STREET ADDRESS	1755 LYNNFIELD RD., #142		23 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		24 CITY ST ZIP	
TITLE	V	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MILLS, LARRY M.		32 NAME	
STREET ADDRESS	1755 LYNNFIELD RD., #142		33 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN		34 CITY ST ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY ST ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete as of the date of this report, for the exception stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 with an asterisk (*) or, if not listed, on an attached sheet with an asterisk.

SIGNATURE: Wilton D Hill 4/11/94 901-761-4664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone