

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000050382**

1. Entity Name  
**FOW FLORIDA, INC.**



Principal Place of Business

**5401 W OAKRIDGE ROAD  
ORLANDO, FL 32819**

Mailing Address

**5401 W OAKRIDGE ROAD  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**62-1535885**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BELZ, MARTIN S.
STREET ADDRESS	100 PEABODY PLACE, STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	D
NAME	PHELPS, SPENCER S
STREET ADDRESS	25 BAYRIDGE COURT
CITY-ST-ZIP	APOPKA, FL
TITLE	STD
NAME	WILLIAMS, JIMMIE D.
STREET ADDRESS	100 PEABODY PLACE, STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	VD
NAME	GROVEMAN, ANDREW J.
STREET ADDRESS	100 PEABODY PLACE, STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	PD
NAME	BELZ, RONALD A.
STREET ADDRESS	100 PEABODY PLACE, STE. 1400
CITY-ST-ZIP	MEMPHIS, TN 38103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000458349  
03/17/06-80042-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jimmie D. Williams*

DATE

City/State/Phone #

3/17/06 907-260-7280