

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 # P95000018135 (0)

1. Corporation Name

WILSON TRAVEL GROUP, INC.

Principal Place of Business

8505 IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34747

Mailing Address

8505 IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34747



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

3. Date Incorporated or Qualified	3a. Date of Last Report
03/06/1995	
4. FEI Number	Applied For
59-3306307	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

A.G.C. CO.
2300 SUN BANK CENTER
200 S. ORANGE AVE.
ORLANDO FL 32802

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 state of incorporation

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, SPENCE	1.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MEMPHIS TN 38116	1.4 CITY-STATE-ZIP	PLEASE SEE ATTACHED STATEMENT
TITLE	D ☐ DELETE	2.1 TITLE	President ☒ Change ☐ Addition
NAME	WILSON, C. KEMMONS JR.	2.2 NAME	CHARLES K. SWAN III
STREET ADDRESS	1629 WINCHESTER RD.	2.3 STREET ADDRESS	8505 W. Irlo Bronson Mem Hwy
CITY-STATE-ZIP	MEMPHIS TN 38116	2.4 CITY-STATE-ZIP	Kissimmee, Fl 34747
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBERT A	3.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MEMPHIS TN 38116	3.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, KEMMONS	4.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	MEMPHIS TN 38116	4.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, CAROLE W	5.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	MEMPHIS TN 38116	5.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, BETTY W	6.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	MEMPHIS TN 38116	6.4 CITY-STATE-ZIP	

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)(x), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brian T. Lower

2/5/96

(407) 239-1034

CR2E034 (12/95)

CORPORATION ANNUAL REPORT
STATE OF FLORIDA
SECRETARY OF STATE

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DUE DATE 05/01/96

CO. NAME: WILSON TRAVEL GROUP, INC.
8505 W. IRLO BRONSON MEM. HWY.
KISSIMMEE, FLORIDA 34747

FEDERAL I.D.: _____

PRESIDENT: CHARLES K. SWAN III
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34747

V. PRES.: KAREN HOLBROOK
V. PRES.: BRIAN T. LOWER
ASST. V. PRES.: MARY BULLOCK
ASST. V. PRES.: DEBRA COHEN
ADDRESS: 8505 W. IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34747

V. PRES.: ROBERT A. WILSON
V. PRES.: C. KEMMONS WILSON, JR.
ADDRESS: 1629 WINCHESTER ROAD
MEMPHIS, TN 38116

SECRETARY: R.E. WALLIN
ADDRESS: 1629 WINCHESTER ROAD
MEMPHIS, TN 38116

TREASURER: JOHN H. PETTEY III
ADDRESS: 1629 WINCHESTER ROAD
MEMPHIS, TN 38116

DIRECTOR: KEMMONS WILSON
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: SPENCE WILSON
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: ROBERT A. WILSON
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: C. KEMMONS WILSON, JR.
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: CAROLE WILSON WEST
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116

DIRECTOR: BETTY WILSON MOORE
ADDRESS: 1629 WINCHESTER ROAD, MEMPHIS, TN 38116