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 # **P95000059788 (6)**

1. Corporation Name

VENICE HOTEL CO., INC.

Principal Place of Business

1629 WINCHESTER ROAD
MEMPHIS TN 38116

Mailing Address

1629 WINCHESTER ROAD
MEMPHIS TN 38116

3. Date Incorporated or Qualified: **08/02/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 62-1611123 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.1506, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	C. KEMMONS WILSON, JR		1.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38116		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE WILSON		2.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38116		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT A. WILSON		3.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38116		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GEORGE GLOVER		4.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38116		4.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHN PETTEY, III		5.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 38116		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	R.B. WALLIN		6.2 NAME		
STREET ADDRESS	1629 WINCHESTER RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 3886		6.4 CITY-ST-ZIP		

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***200.00

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/22/96 (901) 346-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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