FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -8 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98549** (6)

1. Corporation Name
WILSON RESORT MANAGEMENT CORP.

Principal Place of Business	Mailing Address
8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 32741	8505 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE FL 32741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1991
3a. Date of Last Report: 03/25/1994

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

4. FEI Number: 59-3095499 ☐ 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

A.G.C. CO.
2300 SUN BANK CENTER
ORLANDO FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☑ Addition
NAME	SWAN, CHARLES K. III	1.2 NAME	
STREET ADDRESS	8505 W. IRLO BRONSON MEMORIAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	34747
TITLE	DV	2.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, ROBERT A.	2.2 NAME	
STREET ADDRESS	1629 WINCHESTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	38116
TITLE	DV	3.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, C. KEMMONS, JR.	3.2 NAME	
STREET ADDRESS	1629 WINCHESTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	38116
TITLE	D	4.1 TITLE	☐ Change ☑ Addition
NAME	KEMMONS, WILSON	4.2 NAME	
STREET ADDRESS	1629 WINCHESTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	4.4 CITY-ST-ZIP	38116
TITLE	D	5.1 TITLE	☐ Change ☑ Addition
NAME	MOORE, BETTY W.	5.2 NAME	
STREET ADDRESS	1629 WINCHESTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	38116
TITLE	D	6.1 TITLE	☐ Change ☑ Addition
NAME	WEST, CAROLE W.	6.2 NAME	
STREET ADDRESS	1629 WINCHESTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	6.4 CITY-ST-ZIP	38116

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: Brian T Lower 3/15/95 (407) 239-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President

12. **OFFICERS AND DIRECTORS (CONTINUED)**

WILSON RESORT MANAGEMENT CORP.

TITLE:	Vice President
NAME:	H. Douglas Miller
STREET ADDRESS:	8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP:	Kissimmee, FL 34747

TITLE:	Vice President
NAME:	Brian T.Lower
STREET ADDRESS:	8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP:	Kissimmee, FL 34747

TITLE:	P/D
NAME:	Spence Wilson
STREET ADDRESS:	1629 Winchester Road
CITY-ST-ZIP:	Memphis, TN 38116

TITLE:	Vice President
NAME:	Karen Holbrook
STREET ADDRESS:	8505 W. Irlo Bronson Memorial Highway
CITY-ST-ZIP:	Kissimmee, FL 34747

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12. **OFFICERS AND DIRECTORS (CONTINUED)**

WILSON RESORT MANAGEMENT CORP.

TITLE: VP/Treasurer

NAME: John Pettey

STREET ADDRESS: 1629 Winchester Road

CITY-ST-ZIP: Memphis, TN 38116

TITLE: Secretary

NAME: R.E. Wallin

STREET ADDRESS: 1629 Winchester Road

CITY-ST-ZIP: Memphis, TN 38116

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE:

NAME:

STREET ADDRESS:

CITY-ST-ZIP:
