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 # **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

3. Date Incorporated or Qualified: **12/05/1991**
3a. Date of Last Report: **03/08/1995**

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: **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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V SWAN, CHARLES K. III 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PLEASE SEE ATTACHED STATEMENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILSON, ROBERT A. 1629 WINCHESTER MEMPHIS TN	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President CHARLES K. SWAN III 8505 W. Irlo Bronson Mem Hwy Kissimmee, Fl 34747	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILSON, C. KEMMONS, JR. 1629 WINCHESTER MEMPHIS TN	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEMMONS, WILSON 1629 WINCHESTER MEMPHIS TN	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, BETTY W. 1629 WINCHESTER MEMPHIS TN	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, CAROLE W. 1629 WINCHESTER MEMPHIS TN	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(k), 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: _____ 2/5/96 (407)239-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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CORPORATION ANNUAL REPORT
STATE OF FLORIDA
SECRETARY OF STATE

DUE DATE 05/01/96

CO. NAME:	WILSON RESORT MANAGEMENT CORP. 8505 W. IRLO BRONSON MEM. HWY. KISSIMMEE, FLORIDA 34747
FEDERAL I.D.:	59-3095499
PRESIDENT:	CHARLES K. SWAN III
ADDRESS:	8505 W. IRLO BRONSON MEM. HWY KISSIMMEE, FL 34747
V. PRES.:	KAREN HOLBROOK
V. PRES.:	BRIAN T. LOWER
V. PRES.:	CECIL CARNEY
V. PRES.:	LAURA GRIFFANI
ASST. V. PRES.:	LORI STREMKOWSKI
ASST. V. PRES.:	CHRISTINE WELDER
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

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