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

FILED
95 MAY -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30830 (6)

1. Corporation Name
KWI OF SARASOTA, INC.

Principal Place of Business	Mailing Address
2147-G PORTER LAKE DRIVE SARASOTA FL 34240	1629 WINCHESTER ROAD MEMPHIS TN 38116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/23/1992
3a. Date of Last Report: 04/25/1994

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

4. FEI Number: 62-1495839 ☐ 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

• SPRINGER, BILLY B
2147-G PORTER LAKE DRIVE
SARASOTA FL 34240

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	P	11 TITLE	S	☐ Change ☒ Addition
NAME	WILSON, SPENCE	12 NAME	WALLIN, R.E.	
STREET ADDRESS	1629 WINCHESTER	13 STREET ADDRESS	1629 WINCHESTER RD	
CITY ST ZIP	MEMPHIS TN 38116	14 CITY ST ZIP	MEMPHIS, TN 38116	
TITLE	V	21 TITLE	VD	☒ Change ☐ Addition
NAME	WILSON, ROBERT	22 NAME		
STREET ADDRESS	1629 WINCHESTER	23 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN 38116	24 CITY ST ZIP		
TITLE	V	31 TITLE	VD	☒ Change ☐ Addition
NAME	WILSON, C. KEMMONS JR.	32 NAME		
STREET ADDRESS	1629 WINCHESTER	33 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN 38116	34 CITY ST ZIP		
TITLE	V	41 TITLE	VD	☒ Change ☐ Addition
NAME	WEST, CAROLE W	42 NAME		
STREET ADDRESS	1629 WINCHESTER	43 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN 38116	44 CITY ST ZIP		
TITLE	V	51 TITLE	PD	☒ Change ☐ Addition
NAME	PETTEY, JOHN II	52 NAME	SPENCER WILSON	
STREET ADDRESS	1629 WINCHESTER	53 STREET ADDRESS		
CITY ST ZIP	MEMPHIS TN 38116	54 CITY ST ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	SPRINGER, BILLY B	62 NAME		
STREET ADDRESS	2147-G PORTER LAKE DRIVE	63 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL 34240	64 CITY ST ZIP		

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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: John H. Pettey III V.P JOHN H. PETTEY, III 3/15/95 (901) 346-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478000 FP