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FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V30830 (6)

1. Corporation Name
KWI OF SARASOTA, INC.

Principal Place of Business
2147-G PORTER LAKE DRIVE
SARASOTA FL 34240

Mailing Address
1629 WINCHESTER ROAD
MEMPHIS TN 38118-3513



3. Date Incorporated or Qualified 04/23/1992
3a. Date of Last Report 04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

(If not typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILSON, SPENCE	
STREET ADDRESS	1629 WINCHESTER	
CITY, ST, ZIP	MEMPHIS TN 38118	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, ROBERT	
STREET ADDRESS	1629 WINCHESTER	
CITY, ST, ZIP	MEMPHIS TN 38118	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILSON, C. KEMMONS JR.	
STREET ADDRESS	1629 WINCHESTER	
CITY, ST, ZIP	MEMPHIS TN 38118	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEST, CAROLE W	
STREET ADDRESS	1629 WINCHESTER	
CITY, ST, ZIP	MEMPHIS TN 38118	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PETTEY, JOHN II	
STREET ADDRESS	1629 WINCHESTER	
CITY, ST, ZIP	MEMPHIS TN 38118	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPRINGER, BILLY B	
STREET ADDRESS	2147-G PORTER LAKE DRIVE	
CITY, ST, ZIP	SARASOTA FL 34240	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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. Potter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN H. POTTER, III

1/10/97

Date

901-346-8800

Daytime Phone

0477147

CR2E034 (9/96)