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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **196436** **(0)**

1. Corporation Name
JEMISON, INC.

Principal Place of Business	Mailing Address
ONE UNION PLACE - SUITE 200 35 UNION AVENUE MEMPHIS TN 38103-9496	ONE UNION PLACE - SUITE 200 35 UNION AVENUE MEMPHIS TN 38103-2418

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/01/1956**
3a. Date of Last Report: **04/03/1996**
4. FEI Number: **58-0662440** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, MICHAEL		1.2 NAME		
STREET ADDRESS	35 UNION AVENUE, SUITE 200		1.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JEMISON, FRANK Z. SR		2.2 NAME		
STREET ADDRESS	35 UNION AVE STE 200.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERKINS, SANDRA L		3.2 NAME		
STREET ADDRESS	35 UNION AVE SUITE 200		3.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000		3.4 CITY-ST-ZIP		
TITLE	PDE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JEMISON, FRANK Z JR		4.2 NAME		
STREET ADDRESS	35 UNION AVE SUITE 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 00000		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SLATER, JOHN W JR		5.2 NAME		
STREET ADDRESS	530 OAK COURT DRIVE, STE. 155		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS, TN 0		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRATTON, LESLIE M III		6.2 NAME		
STREET ADDRESS	7493 FAIRWAY FOREST DRIVE N		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORDOVA TN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ 1/13/97 901-526-1211

EXECUTIVE VICE PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OR DIRECTOR