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FILED
Mar 19 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 # 818021 (8)
CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE



Principal Place of Business: **AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203**
 Mailing Address: **AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203-4002**

21. Principal Place of Business: Suite, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country

3. Date Incorporated or Qualified: **07/02/1964**
 3a. Date of Last Report: **04/03/1996**
 4. FEI Number: **62-0563567**
 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
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code: **FL**

11. I, the undersigned, in compliance with Sections 607.0102 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CUMMINGS, THOMAS L. I	
STREET ADDRESS	2803 HEMMINGWAY DR.	
CITY-STATE-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MORRISON, JERRY E	
STREET ADDRESS	200 12TH AVE S	
CITY-STATE-ZIP	NASHVILLE, TN 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	METCALFE, FRANK T.	
STREET ADDRESS	ROUTE 2	
CITY-STATE-ZIP	ADAMS TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPEAS, JOHN D	
STREET ADDRESS	1005 LEXINGTON DRIVE	
CITY-STATE-ZIP	BRENTWOOD TN	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	CUMMINGS JR, THOMAS L	
STREET ADDRESS	120 PROSPECT HILL	
CITY-STATE-ZIP	NASHVILLE, TENN 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BINKLEY, RUTH A	
STREET ADDRESS	5001 LANGFORD PASS	
CITY-STATE-ZIP	OLD HICKORY TN	

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

14. I am hereby certifying that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 D. Speas* **JOHN D. SPEAS** 3/7/97 615-782-7140

CR2E034 (9/96)