

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 11 0:46

DOCUMENT # 832152 (3)

1. Corporation Name

PHILLIPS AND JORDAN, INCORPORATED

Principal Place of Business: **6621 WILBANKS ROAD KNOXVILLE TN 37912-1314**
Mailing Address: **6621 WILBANKS ROAD KNOXVILLE TN 37912-1314**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/11/1974**
3a. Date of Last Report: **02/02/1994**

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

4. FEI Number: **56-0694573** 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**
6. This corporation has liability for intangible tax under s. 190.032, 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 file # applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	PHILLIPS, W. T., SR.
STREET ADDRESS	800 BRIDGEMORE BLVD.
CITY - ST - ZIP	KNOXVILLE TN
TITLE	VST
NAME	FULLER, CHARLES L. Retired
STREET ADDRESS	304 HERITAGE DR
CITY - ST - ZIP	KNOXVILLE TN
TITLE	PD
NAME	TURNER, BEN R.
STREET ADDRESS	610 E CARTER RD
CITY - ST - ZIP	LAKELAND FL
TITLE	V Director
NAME	PHILLIPS, W.T. J
STREET ADDRESS	5818 LYONS VIEW DR
CITY - ST - ZIP	KNOXVILLE TN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP + Treasurer Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. Patrick McMullen
1.3 STREET ADDRESS	6504 Lambert Lane
1.4 CITY - ST - ZIP	Knoxville TN 37918
2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cecil B. Patterson
2.3 STREET ADDRESS	Cracker Neck Valley Rd
2.4 CITY - ST - ZIP	Washburn TN 37888
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 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: Secretary **61395** **6156888342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name) (Typed Name)

CR2E034 (3/95)

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 1 1995

DOCUMENT # 836063 (8)

1. Corporation Name
ATLANTA NATIONAL LEAGUE BASEBALL CLUB, INC.

Principal Place of Business Mailing Address
521 CAPITOL AVE. 521 CAPITOL AVE.
ATLANTA GA 30312 ATLANTA GA 30312
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/29/1976 06/15/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number Applied For
58-1251243 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
23 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
24 25 29 30

6. This corporation has liability for intangible tax under s. 196.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.1506, 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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	TURNER, R. E.
STREET ADDRESS	ONE CNN CENTER, BOX 105366 N/A
CITY, ST, ZIP	ATLANTA GA
TITLE	DV
NAME	AARON, HENRY L.
STREET ADDRESS	ONE CNN CENTER, BOX 105366 N/A
CITY, ST, ZIP	ATLANTA GA
TITLE	DV
NAME	SCHUERHOLZ, JOHN
STREET ADDRESS	521 CAPITOL AVE., S.W.
CITY, ST, ZIP	ATLANTA GA
TITLE	DPS
NAME	KASTEN, STAN
STREET ADDRESS	ONE CNN CENTER, BOX 105366
CITY, ST, ZIP	ATLANTA GA
TITLE	VAS
NAME	KORN, STEVEN W.
STREET ADDRESS	ONE CNN CENTER, BOX 105366
CITY, ST, ZIP	ATLANTA GA
TITLE	VT
NAME	PACE, WAYNE H.
STREET ADDRESS	ONE CNN CENTER, BOX 105366 N/A
CITY, ST, ZIP	ATLANTA GA

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 110.07(3)(A), Florida Statutes. I further certify that the information included in this annual report or supplementary 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 recipient of a statute empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in a signature block or an attachment to this address.

SIGNATURE:

[Handwritten Signature]

OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR

6/8/95 (404) 827-1561