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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 11:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F92000000473 (0)**

1. Corporation Name
THE ALPHA CORPORATION OF TENNESSEE

Principal Place of Business	Mailing Address
P.O. BOX 670 COLLIERVILLE TN 38027-0670	P.O. BOX 670 COLLIERVILLE TN 38027-0670

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1992
3a. Date of Last Report: 02/15/1994

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

4. FEI Number: 62-1173820 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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	CD	11 TITLE	CEO	☒ Change ☐ Addition
NAME	BURRISS, J D	12 NAME	J D. Burriss	
STREET ADDRESS	950 HIGHWAY 57 EAST	13 STREET ADDRESS	175 Commerce Rd 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	14 CITY-ST-ZIP	Collierville, TN 38017	
TITLE	P	21 TITLE	Chairman - Finance Comm.	☒ Change ☐ Addition
NAME	GRIFFITH, G P	22 NAME	William D Watkins	
STREET ADDRESS	950 HIGHWAY 57 EAST	23 STREET ADDRESS	175 Commerce Rd., 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	24 CITY-ST-ZIP	Collierville, TN 38017	
TITLE	V	31 TITLE	VP Finance; CFO	☒ Change ☐ Addition
NAME	NORMAN, F S	32 NAME	John W. Griggs	
STREET ADDRESS	950 HIGHWAY 57 EAST	33 STREET ADDRESS	175 Commerce Rd., 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	34 CITY-ST-ZIP	Collierville, TN 38017	
TITLE	V	41 TITLE	VP Operations, Secretary	☒ Change ☐ Addition
NAME	WATKINS, M M	42 NAME	Mathew M Watkins	
STREET ADDRESS	950 HIGHWAY 57 EAST	43 STREET ADDRESS	175 Commerce Rd., 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	44 CITY-ST-ZIP	Collierville, TN 38017	
TITLE	D	51 TITLE	Director	☒ Change ☐ Addition
NAME	EWING, J W	52 NAME	J Willard Ewing	
STREET ADDRESS	950 HIGHWAY 57 EAST	53 STREET ADDRESS	175 Commerce Rd., 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	54 CITY-ST-ZIP	Collierville, TN 38017	
TITLE	D	61 TITLE	Director	☒ Change ☐ Addition
NAME	LONG, GLORIA	62 NAME	Gloria Long	
STREET ADDRESS	950 HIGHWAY 57 EAST	63 STREET ADDRESS	175 Commerce Rd., 2nd Floor	
CITY-ST-ZIP	COLLIERVILLE TN 38017	64 CITY-ST-ZIP	Collierville, TN 38017	

CR2E034 (3/95)

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 added on an attachment with an address.

SIGNATURE: [signature] V.P. Fin. CFO 7/13/95 (901) 853-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0101111 FN