FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **12/01/1992**
3a. Date of Last Report: **08/07/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City, State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City, State — 28
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

C T CORPORATION SYSTEM
1200 SOUTH 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 607.1502, 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 of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURRIS, J D		1.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN		1.4 CITY-ST-ZIP	
TITLE	CFC	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, WILLIAM D		2.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN		2.4 CITY-ST-ZIP	
TITLE	VPF	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIGGS, JOHN W		3.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN		3.4 CITY-ST-ZIP	
TITLE	VPOS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WATKINS, MATTHEW M		4.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EWING, J WILLARD		5.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		5.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LONG, GLORIA		6.2 NAME	
STREET ADDRESS	175 COMMERCE RD 2ND FLOOR		6.3 STREET ADDRESS	
CITY-ST-ZIP	COLLIERVILLE TN		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

(601) 853-2450

SIGNATURE: John W Griggs JOHN W GRIGGS CFO 1/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #