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Feb 25 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 # F92000000473 (0)

1. Corporation Name
THE ALPHA CORPORATION OF TENNESSEE

Principal Place of Business

P.O. BOX 670
COLLIERVILLE TN 38027-0670

Mailing Address

P.O. BOX 670
COLLIERVILLE TN 38027-0670



3. Date Incorporated or Qualified
12/01/1992

3a. Date of Last Report
02/02/1996

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

2. Principal Place of Business

21 175 Commerce Rd.

Suite, Apt. #, etc.

22 City & State

23 Collierville, TN

24 Zip

38017

Country

2a. Mailing Address

26 175 Commerce Rd.

Suite, Apt. #, etc.

27 City & State

28 Collierville, TN

29 Zip

38017

Country

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 607.1508, 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 type and print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BURRIS, J D
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE TN

TITLE ☐ DELETE

NAME
WATKINS, WILLIAM D
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE TN

TITLE ☐ DELETE

NAME
GRIGGS, JOHN W
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE TN

TITLE ☐ DELETE

NAME
WATKINS, MATTHEW M
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE TN

TITLE ☐ DELETE

NAME
EWING, J WILLARD
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE FL

TITLE ☐ DELETE

NAME
LONG, GLORIA
STREET ADDRESS
175 COMMERCE RD 2ND FLOOR
CITY-ST-ZIP
COLLIERVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 the name is on an attachment with an address.

SIGNATURE: *John W Griggs* JOHN W GRIGGS V.P FIN 2/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

(401) 853-2456