FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1998 8:00am

Secretary of State

A RECENTA ANNO (ASSEL LO DEL CARRES CARRES CARRES CARRES CONTRA CARRES CARRES CARRES CARRES CARRES CARRES CARRES

DOCUMENT # F9700000983 (3)

THE ANDERSEN FIRM, A PROFESSIONAL CORPORATION

Principal Place of Business Mailing Address							13 8 8 144 2 8 11	1 00119 10101	18198 1111 1981
	Can Bank Building Broad Street Tn 87662	FIRST AMERICAN BANK BUILDING 6TH FL. 415 BROAD STREET KINGSPORT TN 37662			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 02/24/1997			
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number			
21	26				62-1551879			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & Stat	9	City & State	28			Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip 24	Country 25	29 30		Country		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	9. Name and Address of Curre		100			10. Name and Address of New Re		Agent	, , ,
C.	C T CORPORATION SYSTEM					with the same same same same same same same sam		:	
1200 SOUTH PINE ISLAND ROAD			1	82 Street Address (P.O. Box Number is Not Acceptable			le)		
PL	ANTATION FL 33324		1	33					
			- E	34	City		FL	85 Zi	p Code
agent. I a	egistered agent, or both, in the state in familiar with, and accept the obli Signature, typod or printed name of registered a	gations of, Section 607.0505	, Fiorida Statu	ies.		oration submits this statement for the pon's board of directors. I hereby accepted when reinstaling)	DATE	OTHER E	
12.		NO DIRECTORS	13.	- NG-O1	it organizate todano	ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	PCD	☐ DELETE		1.1 TITLE				Change	
NAME	ANDERSEN, WILLIAM E		1.2 NAME						
STREET ADDRESS	6TH FL, 415 BROAD STREE	T	1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	KINGSPORT TN		1.4 CITY-ST-ZIP		i - ZIP				
TITLE	SD	DELETE	2.1 TITL	E				L Change	e [] Addition
NAME	CHOY, SAMUEL S	- 	2.2 NAME						
STREET ADDRESS	6TH FL, 415 BROAD STREE KINGSPORT TN	:I •	2.3 STREET ADDRESS		}				
CITY+ST-ZIP TITLE	D	DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition
NAME	ANDERSEN, JANE L	7	l l	3.2 NAME					
STREET ADDRESS	6TH FL, 415 BROAD STREE	ī	3.3 STREET ADDRESS		ADDRESS				
CITY-ST-21P	KINGSPORT TN		3.4. CIT	3.4. CITY - ST - ZIP					
TITLE		DELETE	4.1 T(TL	E				Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS	T ADDRESS		4.3 STR	4.3 STREET ADDRESS		,			
CITY-ST-ZIP				4.4 CITY - ST - ZIP				Change	e Addition
TITLE	DELETE			5.1 TITLE				Change	Z MONHON :
NAME			5.2 NAM		ADDRESS				
STREET ADDRESS			5.3 STR 5.4 CITY						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL		- 711.			Change	e
NAME			6.2 NA						

14. Thereby 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 proof or supplicated 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 report at annual proof or the report of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 | director of the report of the report

63 STREET ADDRESS