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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90095 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000002808**

1. Corporation Name  
**BUSH ACQUISITION SUB, INC.**



Principal Place of Business: **SIX CADILLAC DR., STE. 400 BRENTWOOD TN 37027**  
 Mailing Address: **SIX CADILLAC DR., STE. 400 BRENTWOOD TN 37027**

DO NOT WRITE IN THIS SPACE

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

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 Zip Country  
 30

3. Date Incorporated or Qualified  
**05/18/1998**

4. FEI Number  
**62-1738946**

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 owes the current year Intangible Personal Property Tax.  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 607.1508, 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIELBECK, ALAN R	
STREET ADDRESS	111 WESTWOOD PL., STE. 420	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LADERMAN, LOU N	
STREET ADDRESS	111 WESTWOOD PL., STE. 420	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TAYLOR, ALFRED W III	
STREET ADDRESS	111 WESTWOOD PL., STE. 420	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, ANTHONY M	
STREET ADDRESS	111 WESTWOOD PL., STE. 420	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	AGEE, THERESA	
STREET ADDRESS	111 WESTWOOD PL., STE. 420	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIELBECK, ALAN R	
1.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
1.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LADERMAN, LOU N	
2.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
2.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TAYLOR, ALFRED W III	
3.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
3.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHOFIELD, ANTHONY M	
4.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
4.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TRIPLETT, C.E.	
5.3 STREET ADDRESS	SIX CADILLAC DRIVE, SUITE 400	
5.4 CITY-ST-ZIP	BRENTWOOD, TN 37027	
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 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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony M. Schofield* **Anthony M. Schofield** Date \_\_\_\_\_ (615)371-9990 Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)