

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90163 027 \*\*\*150.00

05/25/97

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000003608**

1. Corporation Name  
**ARC SCC, INC.**



Principal Place of Business: 111 WESTWOOD PLACE, SUITE 402 BRENTWOOD TN 37027  
 Mailing Address: 111 WESTWOOD PLACE, SUITE 402 BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1998**

4. FEI Number: **APPLIED FOR 62-1743317** 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 owes the current year Intangible Personal Property Tax.  Yes  No

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)

9. Name and Address of Current Registered Agent: **NRAI SERVICES, INC. 528 EAST PARK AVE TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) (84) City (85) Zip Code **FL**

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	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIFF, W.E.	1.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	1.4 CITY-ST-ZIP	
TITLE	PCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, CHRISTOPHER J	2.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	2.4 CITY-ST-ZIP	
TITLE	EVST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, GEORGE T	3.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAESTNER, H. TODD	4.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONEY, JAMES T	5.2 NAME	
STREET ADDRESS	111 WESTWOOD PLACE, SUITE 402	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE: **2-3-99** DAYTIME PHONE #: **615 221 2250**

CR2E034 (1/198)