

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

FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23914** (5)
1. Corporation Name
THE POTOMAC GROUP, INC.



Principal Place of Business 2525 C LEBANON RD NASHVILLE TN 37214	Mailing Address 2525 C LEBANON RD NASHVILLE TN 37214-2407
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2. Principal Place of Business 21 1283 MURPHESSBORO ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 290037 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/17/1989	3a. Date of Last Report 02/12/1996
22 City & State NASHVILLE, TN	27 City & State NASHVILLE, TN	4. FEI Number 62-1249087	Applied For Not Applicable
23 Zip 37217	28 Zip 37229-0037	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country DAVIDSON	30 Country DAVIDSON	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC WILSON, JAMES P., III 2525 C LEBANON RD NASHVILLE TN <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	CFO DAVID F. BAUN, JR. 1283 MURPHESSBORO ROAD NASHVILLE, TN 37217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV BINGHAM, RHONDA 2525 C LEBANON RD NASHVILLE TN <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	EVP OPERATIONS BILL McCLARY 1283 MURPHESSBORO ROAD NASHVILLE, TN 37217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO STUMB, THOMAS S. 2525 C LEBANON RD NASHVILLE TN <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1283 MURPHESSBORO ROAD NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEILL, BILL 2525 C LEBANON RD NASHVILLE TN <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STURGEON, JON 2525 C LEBANON ROAD NASHVILLE TN <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASON, JOHN 2525 LEBANON RD NASHVILLE TN <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed from an attachment with an address.

SIGNATURE:  **DAVID F. BAUN, JR.** 1-16-97 615-843-2500
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)