

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000609

**Entity Name:** TEC OF JACKSON, INC.

**Current Principal Place of Business:**

700 SOUTH WEST ST.  
JACKSON, MS 39201

**FILED**  
**Feb 19, 2016**  
**Secretary of State**  
**CC1400770581**

**Current Mailing Address:**

PO BOX 940  
JACKSON, MS 39205

**FEI Number: 64-0694679**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CHELETTE, CHRISTOPHER B  
Address 236 EAST CAPITOL STREET  
City-State-Zip: JACKSON MS 39201

Title VP,T  
Name PIRO, JOSEPH C  
Address 236 EAST CAPITOL STREET  
City-State-Zip: JACKSON MS 39201

Title VP,D  
Name GARNER, JOEY F  
Address 236 EAST CAPITOL ST.  
City-State-Zip: JACKSON MS

Title P,D  
Name FAIL, JOSEPH D  
Address 236 EAST CAPITOL ST.  
City-State-Zip: JACKSON MS

Title S  
Name SKELTON, DONALD W  
Address 236 EAST CAPITOL STREET  
City-State-Zip: JACKSON MS 39201

Title VP  
Name GARNER, JAMES W  
Address 236 EAST CAPITOL STREET  
City-State-Zip: JACKSON MS 39201

Title VICE PRESIDENT AND DIRECTOR  
Name CALLISON, BRANDI F  
Address 236 EAST CAPITOL STREET  
City-State-Zip: JACKSON MS 39201

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DONALD W SKELTON**

**SECRETARY**

**02/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date