

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

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Apr 30 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 # 571549 (5)

1. Corporation Name
RICHARD BENNETT OF ORLANDO, INC.

Principal Place of Business

1717 MALLORY ROAD
P. O. BOX 1469
BRENTWOOD TN 37024-9469

Mailing Address

1717 MALLORY ROAD
P. O. BOX 1469
BRENTWOOD TN 37024-1469



2. Principal Place of Business	2a. Mailing Address
21 263 Seaboard Lane	26 P.O. Box 1469
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Franklin, Tennessee	28 Brentwood Tennessee
24 37067	29 37024-1469
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
05/09/1978	05/10/1996
4. FEI Number	Applied For
59-1833511	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 has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President + Director
NAME	MCEACHERN, JAMES	1.2 NAME	James McEachern
STREET ADDRESS	274 PIMICO DR	1.3 STREET ADDRESS	709 South Cobblestone
CITY-ST-ZIP	MIDLOTHIAN TX	1.4 CITY-ST-ZIP	Cedar Hill, Texas 75104
TITLE	TD	2.1 TITLE	Treasurer
NAME	WOODWARD, JAMES	2.2 NAME	James Woodard
STREET ADDRESS	MALLORY LANE	2.3 STREET ADDRESS	114 Century Oak Dr.
CITY-ST-ZIP	FRANKLIN TN	2.4 CITY-ST-ZIP	Franklin, Tennessee 37064
TITLE	D	3.1 TITLE	
NAME	HAYS, SPENCER	3.2 NAME	
STREET ADDRESS	415 WESTVIEW	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	SALYER, WALTER L JR.	4.2 NAME	
STREET ADDRESS	321 BRECKENRIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN TN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Robert Skerrer
STREET ADDRESS		5.3 STREET ADDRESS	Route 7, Box 38
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Claremore, Oklahoma 74014
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

Walter L. Salyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Salyer

4/23/1997 (615) 771-1122

Date

Daytime Phone

CR2E034 (9/96)