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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 571549

1. Corporation Name

RICHARD BENNETT OF ORLANDO, INC.



Principal Place of Business

263 SEABORD LN
FRANKLIN TN 37067
US

Mailing Address

PO BOX 1469
BRENTWOOD TN 37024-1469
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1978

4. FEI Number

59-1833511

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

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCEACHERN, JAMES	
STREET ADDRESS	709 S COBBLESTONE	
CITY-ST-ZIP	CEDAR HILL TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WOODWARD, JAMES	
STREET ADDRESS	114 CENTURY OAK DR	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAYS, SPENCER	
STREET ADDRESS	415 WESTVIEW	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SALYER, WALTER L JR.	
STREET ADDRESS	321 BRECKENRIDGE RD.	
CITY-ST-ZIP	FRANKLIN TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHERRER, ROBERT	
STREET ADDRESS	RT 7, BOX 38	
CITY-ST-ZIP	CLAREMORE OK	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASALENA, SERGIO	
STREET ADDRESS	804 MAPLEHURST RD	
CITY-ST-ZIP	MONKTON MA 2111	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR & PRESIDENT	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHERRER, ROBERT	
1.3 STREET ADDRESS	ROUTE 7, BOX 308	
1.4 CITY-ST-ZIP	CLAREMORE, OK 74017	
2.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WOODARD, JAMES	
2.3 STREET ADDRESS	114 CENTURY OAK DRIVE	
2.4 CITY-ST-ZIP	FRANKLIN TN 37067	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYS, SPENCER	
3.3 STREET ADDRESS	2156 GOLF CLUB DRIVE	
3.4 CITY-ST-ZIP	NASHVILLE, TN 37215	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEYERS, AARON	
5.3 STREET ADDRESS	5645 PATTILLO WAY	
5.4 CITY-ST-ZIP	LITHONIA, GA 30058	
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:

Walter L. Salyer, Jr.

2-5-1999

(615) 771-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)