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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

DOCUMENT # 640896

(7)

1. Corporation Name

7450 CORPORATION

Principal Place of Business

1114 W. CLINCH AVE., ST.1A
KNOXVILLE TN 37916

Mailing Address

1114 W. CLINCH AVE., ST.1A
KNOXVILLE TN 37916



3. Date Incorporated or Qualified

09/10/1979

3a. Date of Last Report

07/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-1935623

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

City & State

City & State

8. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUMMUS, LYNN F.
WORLD TRADE CENTER STE. 2804
80 SW. 8 ST.
MIAMI FL 33130

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME STALEY, JR., B. R.
STREET ADDRESS 1524 AGAWELA AVE.
CITY - ST - ZIP KNOXVILLE TN

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME STALEY, CAROLYN
STREET ADDRESS 1524 AGAWELA AVE.
CITY - ST - ZIP KNOXVILLE TN

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME RICHARDS, ELIZABETH
STREET ADDRESS 1018 NOKOMIS CIR.
CITY - ST - ZIP KNOXVILLE TN

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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, or on an attachment with an address.

SIGNATURE:

S. B. R. STALEY

42897 (423) 546-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0627470

CR2E034 (9/96)