Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90030 028 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 207570

1. Corporation Name  HAILEY -W. L AND COMPANY, INC.							
		14-12- Add				!	
Principal Place of Business Mailing Address					·		
2971 KRAFT DRIVE 2971 KRAFT DRIVE NASHVILLE TENNESSEE 37204 NASHVILLE TENNESSEE 37204							
NASHVILLE TENNESSEE 37204 NASHVILLE TENNESSEE 372					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	•	
	_				03/10/1948		
Principal Place of Business     Za. Mailing Address					4. FEI Number	<b>├</b>	Applied For
21 26					62-0222930	<del></del>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	191	5 Additional Required
22 27 City & State						<del> </del>	
City & State City & State					Election Campaign Financing     Trust Fund Contribution		0 May Be
23			Country	Country 8 This corporation owes the			* * * * * * * * * * * * * * * * * * * *
24	25 29 30		`		Personal Property Tax	Yes	No
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Agent	1.16. 1.16
			81	Name			
CT CORPORATION SYSTEM			82	Street	Address (P.O. Box Number is Not Acceptate	ole)	
1200 S. PINE ISLAND ROAD			02	Olicery	Iddiess (F.O. Box Malliber is Not Acceptable)		
PLAI	NTATION FL 33324		83		<del></del>		
			84	City		85 Zi	ip Code
						FL   _	•
office or re agent. I a	to the provisions of Sections 607,050; egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was au	itnorizea by	tne como	corporation submits this statement for the propertion's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered agen	et and title if applicable. (NOTE:	Registered Ager	t signature r	equired when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1.1 TITLE		-	☐ Chang	ge
NAME	WALLER, DAVID GEORGE		1.2 NAME			•	
STREET ADDRESS	1809 KINGSBURY DR		1.3 STREET	ADDRES\$			
CITY-ST-ZIP			1.4 CITY-S	T-ZÍP	<u> </u>		
TITLE	D DELETE 2.1 TI		2.1 TITLE			Chang	ge Addition
NAME	STEELE, ALLA		2.2 NAME		, , ,	· 🖘,	<del>-</del> .
STREET ADDRESS	2071 1100 1 210		2.3 STREET		*		
CITY-ST-ZIP	NASHVILLE TN	Moriere	2. 4 CITY-S	T-ZIP		Chang	ge Addition
TITLE			3.1 TITLE		Decretary	C) Chiang	No Al Addison
NAME	SOT, Branco		3.2 NAME		Decretary Melissa Davis 2971 Kenft Deve		
STREET ADDRESS	408 RITCHIE DR			r address	NAShvile, TN137204		
CITY-ST-ZIP	C ocusto		3.4. CITY-S 4.1 TITLE	il-ZIP	איזעאנוף אין איזיאאריי	[ ] Chang	ge 🗀 Addition
TITLE	TD		4.2 NAME				_
NAME	BATTAN, THOMAS A			ADDRESS			
STREET ADDRESS	1896 SHAMROCK DR		4.3 STREE				
CITY-ST-ZIP TITLE	51121111000 III		5.1 TITLE	- Lar	Director	☐ Chang	ge 🙀 Addition
NAME	WOODSON, RAYMOND E	A	5.2 NAME		William Blenius.		- <del></del>
STREET ADDRESS	2971 KRAFT DR		5.3 STREET	ADDRESS	2971 Kenst Daive	•	
CITY-ST-ZIP	Satt White Du		5.4 CITY-S	T-ZIP	Nachville, TN, 37204		
TITLE	IWWITHELE III	☐ DELETE	6.1 TITLE		James R. Houston UP 2971 KENFT DRIVE NAShville, TV. 37204	☐ Chang	ge Addition
NAME			6.2 NAME		Deal Kon Cl. Davis		- •
STREET ADDRESS			6.3 STREET	ADDRESS	WALL MINE		
CITY ST. 7IP			6.4 CITY-S	T-ZIP	NAShulte, To. 51204		

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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)