

2004 FOR PROFIT CORPORATION ANNUAL REPORT



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Apr 07, 2004 8:00 am
Secretary of State

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03182004 Chg-P CR2E034 (10/03)

DOCUMENT # 818021					
1. Entity Name CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE					
Principal Place of Business CUMMINGS INC. 200 12TH AVENUE SOUTH NASHVILLE, TN 37203			Mailing Address CUMMINGS INC. 200 12TH AVENUE SOUTH NASHVILLE, TN 37203		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-0563567	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, THOMAS L. I		NAME		
STREET ADDRESS	1079 STONEBRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37069		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWMAN, ROBERT E		NAME		
STREET ADDRESS	2306 RACQUETCLUB DR		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORNETT, BRUCE		NAME		
STREET ADDRESS	813 FIRESIDE CIR		STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD, TN 37027		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUMMINGS, THOMAS L III		NAME	Ernie McDaniel, Jr.	
STREET ADDRESS	1079 STONEBRIDGE DRIVE		STREET ADDRESS	200 12th. Ave., South	
CITY-ST-ZIP	FRANKLIN, TN 37069		CITY-ST-ZIP	Nashville, TN 37203	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINKLEY, RUTH A		NAME		
STREET ADDRESS	200 12TH AVE S.		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37203		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KERR, STEPHEN R		NAME		
STREET ADDRESS	200 12TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37203		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		F. E. McDaniel, Jr.		3/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		(615) 244-5555			