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 FILED May 19, 1999 8:00 am Secretary of State 05-19-1999 90001 020 ***750.00

DOCUMENT # 828956

1. Corporation Name

H. J. WILSON CO., INC.

Principal Place of Business	Mailing Address
7100 SERVICE MERCHANDISE DR PO BOX 24600 NASHVILLE TN 37202	7100 SERVICE MERCHANDISE DR PO BOX 24600 NASHVILLE TN 37202

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PO BOX 24600 PO BOX 24600 NASHVILLE TN 37202 NASHVILLE TN 37202			DO NOT WRITE IN THI	IS SPACE		
		3. Date incorporated or Qualifed				
			11/06/1972			
Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
26			72-0591801	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5Certifcate.of.Status.Desired	\$8.75 Additional		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		ountry	8. This corporation owes the current year li			
25	29		Personal Property Tax.	☑ Yes □ No		
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81 Name				
		82 Street Address (P.O. Box Number is Not Acceptable)				
		83				
		84 City	F	L 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State	e of Florida. Such change was authorize	ed by the corporal	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appo	of changing its registered ointment as registered		

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature r	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	AS	DELETE	1.1 TITLE	Asst. Secretary	Change	Addition
NAME	HAMILTON, MARC		1.2 NAME	Sandra K. Cary		
STREET ADDRESS	7100 SERVICE MDSE DR		1.3 STREET ADDRESS	7100 Serrou Myrchandise Blvd.		
CiTY-ST-ZIP	BRENTWOOD TN 37027		1.4 CITY-ST-ZIP	Brentwood, TN 37027		
TITLE	S	☐ DELETE	2.1 TITLE		Change	Addition
NAME	MOORE, C S		2.2 NAME			
STREET ADDRESS	7100 SERVICE MDSE DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN 37027		2.4 CITY-ST-ZIP			
TITLE	V	DELETE	3.1 TITLE	YP 1 CFO	Change	Addition
NAME	CUSANO, SAM		3.2 NAME	Tom Garrett		
STREET ADDRESS	7100 SVC MERCHANDISE DR		3.3 STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN		3.4. CITY-ST-ZIP	Brutwood TN 37027		
TITLE	Р	DELETE	4.1 TITLE	PiD	Change	Addition
NAME	WITKIN, GARY		4, 2 NAME	Charles Septer		
STREET ADDRESS	7100 SVC MERCHANDISE DRIVE		4.3 STREET ADDRESS			
CITY-ST-ZIP	BRENTWOOD TN		4.4 CITY-ST-ZIP	Breatwood TN 37027		
TITLE		DELETE	51 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			•
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 or an attachment with an address, with all other like empowered.

SIGNATURE: _