FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 27 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832851** **(0)**

1. Corporation Name

I.C. THOMASSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2120 EIGHTH AVE. SOUTH NASHVILLE TN 37204	2120 EIGHTH AVE. SOUTH NASHVILLE TN 37204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1974**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **62-0721262** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUCKWORTH, ROBERT W.
400 W. COLONIAL DR.
ORLANDO FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		X 12. (con't.) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	D ☐ Change ☐ Addition
NAME	BRATTON, GEORGE R JR	12 NAME	William T. Tinnell
STREET ADDRESS	9224 FOX RUN DR.	13 STREET ADDRESS	12 Micawber Court
CITY-ST-ZIP	BRENTWOOD TN	14 CITY-ST-ZIP	Brentwood, TN 37027
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARVILLE, J. CLIFF	22 NAME	
STREET ADDRESS	812 ROCKWOOD DR.	23 STREET ADDRESS	
CITY-ST-ZIP	NOLENSVILLE TN	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	WIMBERLY, J J III	32 NAME	
STREET ADDRESS	5206 MEADOWLAKE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD, TN 00000	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	CHAMBLISS, CARROLL W.	42 NAME	
STREET ADDRESS	813 CURTIS DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	44 CITY ST ZIP	
TITLE	DST	51 TITLE	☐ Change ☐ Addition
NAME	WIMBERLY, J. J. IV	52 NAME	
STREET ADDRESS	405 OAKVALE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	Albert E. Green	62 NAME	
STREET ADDRESS	2001 Woodlake Court	63 STREET ADDRESS	
CITY-ST-ZIP	Donelson, TN 37214	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. J. Wimberly III, **President** 2/14/95 (615-383-6821)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #
J. J. Wimberly III

0448045 PP