


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

052326

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90065 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 832851</b>					
1. Corporation Name <b>I.C. THOMASSON &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>2120 EIGHTH AVE. SOUTH NASHVILLE TN 37204</b>			Mailing Address <b>3120 EIGHTH AVE. SOUTH NASHVILLE TN 37204</b>		
2. Principal Place of Business 21 <b>2950 Kraft Dr.</b>		2a. Mailing Address 26 <b>2950 Kraft Dr.</b>		3. Date Incorporated or Qualified <b>08/12/1974</b>	
Suite, Apt. #, etc. 22 <b>Suite 500</b>		Suite, Apt. #, etc. 27 <b>Suite 500</b>		4. FEI Number <b>62-0721262</b>	
City & State 23 <b>Nashville TN</b>		City & State 28 <b>Nashville TN</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>37204</b>		Zip 29 <b>37204</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DUCKWORTH, ROBERT W. 400 W. COLONIAL DR. ORLANDO FL</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CEO	<input type="checkbox"/> DELETE			
NAME	BRATTON, GEORGE R JR				
STREET ADDRESS	9224 FOX RUN DR.				
CITY-ST-ZIP	BRENTWOOD TN				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HARVILLE, J. CLIFF				
STREET ADDRESS	812 ROCKWOOD DR.				
CITY-ST-ZIP	NOLENSVILLE TN				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	TINNELL, WILLIAM T.				
STREET ADDRESS	12 MICAWBER COURT				
CITY-ST-ZIP	BRENTWOOD TN				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	WIMBERLY, J. J. IV				
STREET ADDRESS	405 OAKVALE DRIVE				
CITY-ST-ZIP	BRENTWOOD TN				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	GREEN, ALBERT E.				
STREET ADDRESS	2001 WOODLAKE CT				
CITY-ST-ZIP	DONELSON TN				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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)(l), 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**  
*[Signature]* President

3-15-99

Date

615/346-3400

Daytime Phone #

CR2E034 (11/98)