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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 847175

(7)

Principal Place of Business Mailing Address 710 AIRWAYS BOULEVARD PO BOX 1508 JACKSON TN 38301 PO BOX 1508 JACKSON TN 38301 PO BOX 1508 JACKSON TN 38301 PO BOX 1508										
						3. Date Incorporated or Qualified 10/10/1980	1 '	ite of Last R 19/1996	eport	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	T APT		oplied For	
21		26			<u></u>	62-0794716			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	ie.	City & State	City & State			Election Campaign Financing Trust Fund Contribution	garries .			
Zip				untry 8. This corporation has liability for intangible tax under s. 199.032,						
24	25 29 30			Florida Statutes Yes Yo						
	9. Name and Address of Cui			ļ		10. Name and Address of New Re	platered /	Agent		
	ITED STATES CORPORATION	COMPANY		81	Name					
1201 HAYS STREET				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		***************************************	
SUITE 105				B3	·,					
IAL	LAHASSEE FL 32301									
				84	City		FL		Code	
	to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florida Statute late of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the all juthorize irida Stat	bove d by tutes	-named corp the corporati	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of the app	changing it ointment as	ls registered registered	
SIGNATURE	Signature, typed or printed name of registered	t agent and title if applicable. (NOTE	: Registere	d Age	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 12	
TIFLE	ST	☐ DELETE	1.1 TO	TLE				Change	Addition	
NAME	PEARSON, DAVID W		1.2 N	AME	-					
STREET ADDRESS	710 AIRWAYS BLVD				ADDRESS					
CITY - ST - ZIP	JACKSON TN	☐ DELETE	1.4 CITY-ST-ZIP				·	Change	Addition	
TITLE	PD CACEY LADDY	L.J DELETE	E 2.1 TITLE 2.2 NAME					CT cuands	Modition	
NAME STREET ADDRESS	CASEY, LARRY 710 AIRWAYS BLVD				ADODECC			,		
CITY-ST-ZIP	JACKSON TN			2.3 STREET ADDRESS 2. 4 City-St-Zip						
TITLE		DELETE			7	 		Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 S1	TREET	ADDRESS					
CITY-ST-ZIP			3.4. C	HTY-S	T - ZIP				*******	
TITLE		☐ DELETE	4,1 TI		-			Change	Addition	
NAME			4. 2 N							
STREET ADDRESS			B .		ADDRESS					
CITY-SI-ZIP		DELETE			T-ZIP			Change	Addition	
TITLE		T htrtie	5.1 TI 5.2 NJ					rm rusulin	T VOIDOU	
NAME STREET ADDRESS					ADDRESS					
CITY-\$1-7IP					T-ZIP					
TITLE		DELETE 6.1			E-11	, , , , , , , , , , , , , , , , , , , 		Change	Addition	
NAMÉ				6.2 NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 C	<u> </u>	T-ZIP					
14. I do here	by certify that the information sup	plied with this filing does not qualif	y for the	ехе	mption stated	I in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further	certify that	the	
l am an c	officer or director of the corporatio	or supplemental annual report is to n or the receiver or trustee empow d, or on an attachment with an add	ered to e	exec	ute this repor	t as required by Chapter 607, Florida S	tatules; a	nd that my r	name	