

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90039 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 848802

1. Corporation Name

RAY BELL CONSTRUCTION COMPANY INCORPORATED

Principal Place of Business

255 WILSON PIKE CIRCLE.  
P.O. BOX 363  
BRENTWOOD TN 37024  
US

Mailing Address

255 WILSON PIKE CIRCLE.  
P.O. BOX 363  
BRENTWOOD TN 37024  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1981

4. FEI Number

62-0811849

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BELL, CHARLES RAY	
STREET ADDRESS	WILSON PIKE CIRCLE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRENT, RANDY	
STREET ADDRESS	WILSON PIKE CIRCLE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ESTES, DON	
STREET ADDRESS	WILSON PIKE CIRCLE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EVANS, JODY	
STREET ADDRESS	WILSON PIKE CIR	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBBINS, THOMAS S.	
STREET ADDRESS	WILSON PIKE CIRCLE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUTLER, ELVIS	
STREET ADDRESS	WILSON PIKE CIRCLE	
CITY-ST-ZIP	BRENTWOOD TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Nicely, W. Bruce	
1.3 STREET ADDRESS	Wilson Pike Circle	
1.4 CITY-ST-ZIP	Brentwood, TN	
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

JODY EVANS

1/8/99

615/373-4343

CR2E034 (11/98)