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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 855880

Principal Place of Business

(1)

Mailing Address

BROWN ASSOCIATES OF TENNESSEE, INC.

819 BROAD STREET CHATTANOOGA TN 37402		PO BOX 11507 CHATTANOOGA TN 37401-2507 US			Date Incorporated or Qualified	l ga Do	te of Last	Ronad		
						03/24/1983		19 OF LAST 11996	Heport	
2. Principal P	Jacc of Business	2a. Mailing Address	Mailing Address			4. FEI Number	1 00/9		Applied For	
21		26				62-0808843	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional			
22		27			5. Certificate of Status Desired	Ш		Required		
City & State		City & State			, ,,	6. Election Campaign Financing				
23		28				Trust Fund Contribution		Added	to Fees	
Zφ 	Country			Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 3 9. Name and Address of Current Registered Agent					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
		it negistered Agent		81	Name	10. Halife and Address of Item Ad	Alero(en v	Activ		
	CORPORATION SYSTEM		Ĺ							
	0 S. PINE ISLAND ROAD NTATION FL 33324			82	Street Addr	ress (P.O. Box Number is Not Acceptab	ie)			
PLA	MINION FL 33324		ļ	83						
				84	Pis.		· · · · · · · · · · · · · · · · · · ·	les 7	Code	
			İ	- 1	City		FL	11.		
11. Pursuarit	to the provisions of Sections 607.050	2 and 607, 1508, Florida State	ites, the ab	ove	-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing	its registered	
onice or r agent ±a	eg stered agent, or both, in the State ni familiar with, and accept the obligi	ations of, Section 607.0505, F	laumonzeo Torida Statu	ntes	the corporat	tion's board or directors. I hereby accep	or me appo	onument a	is registered	
SIGNATURE										
C/C/A/TOTA	Signature, typed or printed name of registered age) FE Registered	Ager	nt signature requir	red when reinstating)	DATE			
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	PTD	DELETE						Change	Addition	
NAMi	Brown, Edward E., Jr.		1.2 NA							
STREET ADDRESS PO BOX 11507 N/A			1.3 STREET ADDRESS							
City St 7iP	CHATTANOOGA TN	DC: tvr		1.4 CITY - ST - ZIP				1 0	Lawre -	
THE	V	☐ DELETE		2.1 TITLE				Change	Addition	
NAM:	BROWN, ALLEN C.		2.2 NA							
STREET ADDRESS	PO BOX 11507 N/A			2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
City - St - ZiP	CHATTANOOGA TN	DELETE			T-ZIP			Change	Addition	
11/1E	SD DDOUAL COTHED A		3.2 NAME					- Johange	La Maditali	
NAMI	BROWN, ESTHER A.									
STREET ADDRESS	PO BOX 11507 N/A CHATTANOOGA TN			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP						
CITY ST-ZiP	D DELETE			4.1 TITLE		***************************************		Change	Addition	
NAME	THOMPSON, FRANK M.		1	4. 2 NAME				- SuduMo		
	4TH FL, 1ST TN. BK BLDG.			4.3 STREET ADDRESS						
STREET ADORESS	CHATTANOOGA TN									
CHY-ST ZIF	CHATTANUOGA IN DELETE			4.4 CiTY+ST-ZIP 5.1 TiTLE				Change	Addition	
NAME		tim Dettile	5.2 NA					- onango		
					ADDRESS					
STREET ASSOCIATION			5.4 CIT		1					
CHY-ST-7IP TITLE		DELETE	6.1 TIT		- 211			Change	Addition	
NAME		had becare	6.2 NA						100 (O()	
					ADDRESS					
STREET ADDRESS			1	KEEL I						

14. I do nereby 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

SIGNATURE:

(423)267-3776

FILED

May 05 1997 8:00am

Secretary of State