

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857616 (7)

1. Corporation Name

J. HAROLD SHANKLE CO., INC.

Principal Place of Business

Mailing Address

P O BOX 78458
NASHVILLE TN 37207

P O BOX 78458
NASHVILLE TN 37207



2. Principal Place of Business

2a. Mailing Address

21 2518 PLUM STREET

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NASHVILLE, TENNESSEE

28

Zip Country

Zip Country

24 37207

25 USA

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/01/1983

3a. Date of Last Report

07/19/1995

4. FEI Number

62-0786631

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

10. Name and Address of New Registered Agent

EMMANUEL, ROBERT A.
7TH FLOOR, SUN BANK TOWER
PENSACOLA FL 32596

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

1.1 TITLE

NAME PD SHANKLE, J. HAROLD

STREET ADDRESS 305 PADUCAH

CITY-STATE-ZIP HENDERSONVILLE TN

1.2 TITLE

NAME VD SHANKLE, MORRIS

STREET ADDRESS RT 10 BX 2890 FRANKLIN

CITY-STATE-ZIP LEBANON TN

1.3 TITLE

NAME S SHANKLE, BRENDA

STREET ADDRESS RT 10 BX 2890 FRANKLIN

CITY-STATE-ZIP LEBANON TN

1.4 TITLE

NAME T SHANKLE, BOBBIE

STREET ADDRESS 305 PADUCAH

CITY-STATE-ZIP HENDERSONVILLE TN

1.5 TITLE

NAME V LIND, CHARLES E.

STREET ADDRESS RT. 1 BURTON RD

CITY-STATE-ZIP LEBANON TN

1.6 TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

1.7 TITLE

NAME ☐ DELETE

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(k), 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. Harold Shankle

1/31/96

(615) 227-9492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)