

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857616 (7)
1. Corporation Name
J. HAROLD SHANKLE CO., INC.

Principal Place of Business
2518 PLUM ST
NASHVILLE TN 37207
US

Mailing Address
P O BOX 78458
NASHVILLE TN 37207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1983	
4. FEI Number 62-0786631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent EMMANUEL, ROBERT A. 7TH FLOOR, SUN BANK TOWER PENSACOLA FL 32596

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLE, J. HAROLD	1.2 NAME	
STREET ADDRESS	305 PADUCAH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLE, MORRIS	2.2 NAME	
STREET ADDRESS	RT 10 BX 2890 FRANKLIN	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEBANON TN	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLE, BRENDA	3.2 NAME	
STREET ADDRESS	RT 10 BX 2890 FRANKLIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEBANON TN	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANKLE, BOBBIE	4.2 NAME	
STREET ADDRESS	305 PADUCAH	4.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIND, CHARLES E.	5.2 NAME	
STREET ADDRESS	RT. 1 BURTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEBANON TN	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Brenda C. Shankle* 2/26/98

CR2E034 (10/97)