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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

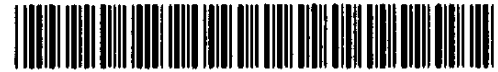


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 857895 (7)
1. Corporation Name
BARGE, WAGGONER, SUMNER AND CANNON, INC.

Principal Place of Business
162 THIRD AVENUE NORTH
NASHVILLE TN 37201

Mailing Address
162 THIRD AVENUE NORTH
NASHVILLE TN 37201-1809



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1983	3a. Date of Last Report 04/03/1996
21		26		4. FEI Number 62-0525827	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country		

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
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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, THOMAS A	1.2 NAME	
STREET ADDRESS	162 THIRD AVE NORTH	1.3 STREET ADDRESS	
CITY, ST, ZIP	NASHVILLE TN	1.4 CITY, ST, ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, JACK L.	2.2 NAME	
STREET ADDRESS	162 THIRD AVENUE NORTH	2.3 STREET ADDRESS	
CITY, ST, ZIP	NASHVILLE TN	2.4 CITY, ST, ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULGHUM, HAROLD C.	3.2 NAME	
STREET ADDRESS	162 THIRD AVENUE NORTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	NASHVILLE TN	3.4 CITY, ST, ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIBBS, D. LEE	4.2 NAME	
STREET ADDRESS	PLAZA TOWER, STE. 2400	4.3 STREET ADDRESS	
CITY, ST, ZIP	KNOXVILLE TN	4.4 CITY, ST, ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, DAVID L	5.2 NAME	
STREET ADDRESS	162 THIRD AVENUE NORTH	5.3 STREET ADDRESS	
CITY, ST, ZIP	NASHVILLE TN	5.4 CITY, ST, ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, GARLAND P	6.2 NAME	
STREET ADDRESS	162 THIRD AVENUE NORTH	6.3 STREET ADDRESS	
CITY, ST, ZIP	NASHVILLE TN	6.4 CITY, ST, ZIP	

14. I do 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:

Thomas A. Allen

Thomas A. Allen

3/21/97

(615) 254-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)