

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000002081

1. Entity Name
CITY CORPORATION



Principal Place of Business
**100 VINE STREET, SUITE 1400
MURFREESBORO, TN 37130**

Mailing Address
**P.O. BOX 1398
MURFREESBORO, TN 37133-1398**

DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1325134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PCD
ADAMS, W. ANDREW
100 VINE STREET, SUITE 1400
MURFREESBORO, TN 37130**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
ADAMS, ROBERT G
100 VINE STREET, SUITE 1400
MURFREESBORO, TN 37130**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LAROCHE, RICHARD F JR.
100 VINE STREET, SUITE 1400
MURFREESBORO, TN 37130**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/23/04-80061-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Andrew Adams **W. Andrew Adams**

4/14/04
Date

6158902220
Daytime Phone #