FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F92000000806 (1)

1. Corporation Name

ALCO PROPERTIES, INC.

Principal Place of Business	Mailing Address
35 UNION AVE. SUITE 200 MEMPHIS TN 38103	35 UNION AVE. SUITE 200 MEMPHIS TN 38103

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

3. Date Incorporated or Qualified: **12/03/1992**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **58-0708756** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 **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: _____ DATE: _____
Signature, typed or printed name of Registered Agent and Title, if applicable — Typed or Printed Name of Registered Agent (Required)

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	JEMISON, FRANK Z SR.	
STREET ADDRESS	35 UNION AVE., STE. 200	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	PDE	☐ DELETE
NAME	JEMISN, FRANK Z JR.	
STREET ADDRESS	35 UNION AVE., STE. 200	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T	☐ DELETE
NAME	JOHNSON, MICHAEL D	
STREET ADDRESS	35 UNION AVE., STE. 200	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	S	☐ DELETE
NAME	PERKINS, SANDRA L	
STREET ADDRESS	35 UNION AVE., STE. 200	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	AT	☐ DELETE
NAME	MCGLASSON, AILEEN H	
STREET ADDRESS	35 UNION AVE.	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Frank Z. Jemison, Jr.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	38103	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	38103	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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)(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: _____ **4/1/96** **901/526-1211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)