

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001100 (7)

1. Corporation Name

SCA-TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

102 WOODMONT BLVD., SUITE 610
NASHVILLE TN 37205

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NASHVILLE TN 37205

3. Date Incorporated or Qualified
02/23/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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4. FEI Number

62-1517784

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 then applicable

(If not, Registered Agent signature required when reinstating)

FAM

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME GORDON, JOEL C
STREET ADDRESS 102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP NASHVILLE TN 37205

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DP
NAME HAMBURG, WILLIAM J
STREET ADDRESS 102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP NASHVILLE TN 37205

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VP
NAME NEAL, CHARLES T
STREET ADDRESS 102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP NASHVILLE TN 37205

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VP
NAME VICKERY, E. MICHELE
STREET ADDRESS 102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP NASHVILLE TN 37205

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ST
NAME JONES, TARPLEY B
STREET ADDRESS 102 WOODMONT BLVD., SUITE 610
CITY-ST-ZIP NASHVILLE TN 37205

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE AVP
NAME BUNDREN, DANNY E
STREET ADDRESS 102 WOODMONT BLVD, SUITE 610
CITY-ST-ZIP NASHVILLE TN

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Danny E Bundren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danny E Bundren

7-2-96

Date

615-388-3541

Telephone Number

CR2E034 (3/96)