FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001844 (0)**

1. Corporation Name

DOUGLAS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
412 EXECUTIVE TOWER DR STE 205 KNOXVILLE TN 37923 US	P O BOX 31769 KNOXVILLE TN 37923 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/14/1993

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 62-1530690 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — Country — 25

Zip: 37930-1769 — 29 — Country — 30

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

9. Name and Address of Current Registered Agent

WILSON, JERRE
4265 NEW TAMPA HIGHWAY
LAKELAND FL 33801

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City **FL** 95 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, DOUGLAS A	1.2 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FARRAGUT TN 37922	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	TALBOTT, ROBERT S	2.2 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FARRAGUT TN 37922	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	PRESLEY, RICHARD C	3.2 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FARRAGUT TN 37922	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	HORNE, BRENDA P	4.2 NAME	
STREET ADDRESS	11863 KINGSTON PIKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FARRAGUT TN 37922	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/25/95

SIGNATURE AND NAME OF INDIVIDUAL NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0470793 FP