## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MEN I # F9300 RCORP OF TENNESSEE,	)0002487 (7) INC:	)		
Principal Place of Business Mailing Address				T DERCORES SALA MANNE ADMIN ARAM RESIN RESIN AN	IND DION BADDI IQIAL ADDI ADDI
POST OFFICE BOX 4027 CROSSVILLE TN 36557		POST OFFICE BOX 402	27	İ	
		CROSSVILLE TN 38557			
}				DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualified 05/21/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc		26		62-1206906	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Floring Control of the Control of	
23		28		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered	
C.	T CORPORATION SYSTEM		81 Name		
1200 SOUTH PINE ISLAND RD.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324			oz Street Ad	idless (F.O. Box Number is Not Acceptable)	
			83		
			84 City		Total Zim Conto
			84 City	Fi	L 85 Zip Code
office or agent. I a	to the provisions of Sections 607.00 registered agent, or both, in the Starm familiar with, and accept the oblination straight of printed name of registered a	ite of Florida. Such change was igations of, Section 607.0505, F	utes, the above-named or s authorized by the corpor forida Statutes.  OTE Registered Agent signature rec	progration submits this statement for the purpose ration's board of directors. I hereby accept the apparent the purpose reinslating.  DATE	or changing its registered inpointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	GRINDSTAFF, D. ALAN		1.2 NAME		
STHEET ADDRESS	3505 N MAIN ST		1.3 STREET ADDRESS		
CITY - S1 - ZIP	CROSSVILLE TN		1.4 CITY - ST - ZIP		
TITLE	81	☐ DELETE	2 1 TITLE		Change Addition
NAME	GRINDSTAFF, CHARLOTTE		2.2 NAME		
STREET ADDRESS	3505 N MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CROSSVILLE TN		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	}		3.2 NAME		İ
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		T prieze	3 4. CITY-ST-ZIP		Discount Discount
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
ì			1		C CONTROL C MAGGIOIT
NAME STREET ADDRESS			5.2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

14. 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 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 required or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**FILED** 

Apr 21 1998 8:00am

Secretary of State