PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

F93000002680 (7)

1. Corporation	OF TENN	ESS	EE, INC.			·									1
Principal Place	of Business				Ma	i'ling Address			·	=					
,						-	in.								
903 WEST BROW ROAD 903 WEST BROW ROAD LOOKOUT MOUNTAIN TN 37350 LOOKOUT MOUNTAIN TN 37350															
										-3	Date Incorporated or Qualified	3a. [)	ate of Las	et Res	nort
											06/09/1993	00.0	04/28	-	-
2. Principal Place of Business				[2	2a. Mailing Address					4	FEI Number		<u> </u>	·	pplied For
21				26	26				W 47 (PW) . La 40 La 1		62-1530137			N	ot Applicable
Suite, Apt. #, etc.				-	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional					
City & State				27	City & State						Fee Required				
23				28	28					6	 Election Campaign Financing : Trust Fund Contribution 				May Be to Fees
Zip		(Dountry			Zip	Co	intry		8	This corporation has liability for	intangible			· · · · · · · · · · · · · · · · · · ·
24		25		29	9		30					No			
	9. Name	and	Address of Curre	ent Fleç	gist	tered Agent			T	10). Name and Address of New F	Registere	d Agent		
								81	Name						
	R. VAUGH		_					82	Street Add	dress (F	P.O. Box Number is Not Acceptat	le)			
)nderbur	G DI	₹					83							
SUITE		244						03							
DKANU	ON FL 335	911						84	City			F	85	Ζıp	Code
11. Pursuant t	to the provisi	ions o	Sections 607.050	02 and I	607	7.1508. Florida Statute	s. the ab	Lj	i named corpo	oration	submits this statement for the nu		_	its re	aistered office
or register familiar wit	ed agent, or thi and acce	both,	in the State of Flor	rida. Su	uch 37 C	change was authorize 0505, Florida Statutes.	d by the	corp	oration's bo	ard of o	submits this statement for the pu directors. I hereby accept the app	ointment	as registe	ered a	agent. I am
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SIGNATURE															
	Signature, typed	or print	ed name of registered age:					d Agen	it signature requi	red when		DATE			
12.	· · · · · · · · · · · · · · · · · · ·	or printe	ed name of registered ago: OFFICERS AN			TORS	13.		it signature requi	red when	reinscaling) ADDITIONS/CHANGES TO OFF		ND DIREC		
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Solution States And Typed on Printed Name of Signing officer of Director

4/20196 Dele (423) (428) 821 2429 Daylins Procier CR2E034 (12/95)