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 MAR -7 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004656 (5)

1. Corporation Name
RACKLEY SYSTEMS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 594 PULASKI TN 38478-0594	P. O. BOX 594 PULASKI TN 38478-0594

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/13/1993
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21 100 Disk Drive
Suite, Apt. #, etc.
22
City & State
23 Pulaski, TN
Zip 24 38478 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 62-1147902 ☐ 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 S. 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. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	RACKLEY, JOE M JR.	1.2 NAME		
STREET ADDRESS	525 HICKS CUT RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	PULASKI TN	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	STROOP, MARK S	2.2 NAME		
STREET ADDRESS	600 W JEFFERSON ST	2.3 STREET ADDRESS	220 Rose ST	
CITY-ST-ZIP	PULASKI TN	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☒ Change ☐ Addition
NAME	RACKLEY, J. MATT III	3.2 NAME		
STREET ADDRESS	1320 SUNNYBROOKE	3.3 STREET ADDRESS	636 Hicks Cut Rd	
CITY-ST-ZIP	PULASKI TN	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	RACKLEY, DIANE M	4.2 NAME		
STREET ADDRESS	525 HICKS CUT RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	PULASKI TN	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DONNIE	5.2 NAME		
STREET ADDRESS	188 RIDGEVIEW RD	5.3 STREET ADDRESS		
CITY-ST-ZIP	PULASKI TN	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: Matt Rackley 3-1-95 615-363-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Matt Rackley V.P.

000224 FA