

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004656 (5)**

1. Corporation Name

RACKLEY SYSTEMS, INC.

Principal Place of Business

**100 DISK DR
PULASKI TN 38478
US**

Mailing Address

**P. O. BOX 594
PULASKI TN 38478-0594**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/13/1993	03/26/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		62-1147902	Not Applicable
24 Country		29 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	EVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROOP, MARK S	2.2 NAME	
STREET ADDRESS	220 ROSE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PULASKI TN	2.4 CITY-ST-ZIP	
TITLE	VPO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKLEY, J. MATT III	3.2 NAME	
STREET ADDRESS	636 HICKS CUT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PULASKI TN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKLEY, DIANE M	4.2 NAME	Secretary
STREET ADDRESS	525 HICKS CUT RD	4.3 STREET ADDRESS	William Rackley
CITY-ST-ZIP	PULASKI TN	4.4 CITY-ST-ZIP	255 Crestwood Drive
TITLE	EVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACKLEY, DAVID E.	6.2 NAME	
STREET ADDRESS	366 GLENDALE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PULASKI TN	6.4 CITY-ST-ZIP	

14. I do 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 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:

Matthew Rackley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

(615) 363-6557

Daytime Phone #

CR2E034 (9/96)