


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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90164 005 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000004656					
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 10/13/1993	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 62-1147902	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <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		
			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 <input type="checkbox"/> DELETE		1.1 TITLE	
NAME		RACKLEY, JOE M JR.		Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		968 RIVERFRONT RD		1.2 NAME	
CITY-ST-ZIP		ROGERSVILLE AL 55652		1.3 STREET ADDRESS	
TITLE		EVP <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
NAME		STROOP, MARK S		2.1 TITLE	
STREET ADDRESS		220 ROSE ST		2.2 NAME	
CITY-ST-ZIP		PULASKI TN		2.3 STREET ADDRESS	
TITLE		VPD <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
NAME		RACKLEY, J. MATT III		3.1 TITLE	
STREET ADDRESS		636 HICKS CUT RD		3.2 NAME	
CITY-ST-ZIP		PULASKI TN		3.3 STREET ADDRESS	
TITLE		S <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
NAME		RACKLEY, WILLIAM		4.1 TITLE	
STREET ADDRESS		255 CRESTWOOD DRIVE		4.2 NAME	
CITY-ST-ZIP		PULASKI TN		4.3 STREET ADDRESS	
TITLE		EVP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
NAME		MOORE, DONNIE		5.1 TITLE	
STREET ADDRESS		188 RIDGEVIEW RD		5.2 NAME	
CITY-ST-ZIP		PULASKI TN		5.3 STREET ADDRESS	
TITLE		T <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME		RACKLEY, DAVID E.		6.1 TITLE	
STREET ADDRESS		366 GLENDALE DRIVE		6.2 NAME	
CITY-ST-ZIP		PULASKI TN		6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 931-363-6557

CR2E034 (11/98)

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