FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

95 MAY -1 AM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000969 (5)**

1. Corporate Name
ROBERTS & RUSSELL, INC.

Principal Place of Business
412 EXECUTIVE TOWER DRIVE
SUITE 350
KNOXVILLE TN 37923

Mailing Address
412 EXECUTIVE TOWER DRIVE
SUITE 350
KNOXVILLE TN 37923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:
4. FEI Number: 62-1284447 — 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 estimated tax under s. 220.11(3), Florida Statutes: [X] Yes [ ] No

21 — 22 — 23 — 24 — 25 — 26 — 27 — 28 — 29 — 30

9. Name and Address of Current Registered Agent
ROBERTS, H. TOM
5955 T.G. LEE BLVD., STE 365
ORLANDO FL 32822

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 Section 607.0123, 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. The corporation is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	ROBERTS, H T
STREET ADDRESS	12325 RIVER OAKS POINT
CITY STATE ZIP	KNOXVILLE TN
TITLE	VS
NAME	RUSSELL, DAVID G
STREET ADDRESS	10809 2ND STREET
CITY STATE ZIP	KNOXVILLE TN
TITLE	D
NAME	ROBERTS, S A
STREET ADDRESS	12325 RIVER OAKS POINT
CITY STATE ZIP	KNOXVILLE TN

13. ADDITIONAL OFFICERS AND DIRECTORS
[ ] Change [ ] Add/Del

14. I hereby certify that the information supplied with this report is complete, accurate 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 hereof or on a separate page with an address.

SIGNATURE: Tom Roberts — TOM ROBERTS — 4-28-95 — 615-693-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0476702 FP