

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

FILED

Jan 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

DOCUMENT # **F94000001258 (2)**

1. Corporation Name  
**TENNNMARK TELECOMMUNICATIONS, INC.**



Principal Place of Business  
**903 INDUSTRIAL DR.  
MURFREESBORO TN 37129**

Mailing Address  
**903 INDUSTRIAL DR.  
MURFREESBORO TN 37129-4928**

2. Principal Place of Business  
21 **1010 HALEY ROAD**

2a. Mailing Address  
26 **1010 HALEY ROAD**

22 Suite, Apt. #, etc.  
23 **MURFREESBORO, TN**

27 Suite, Apt. #, etc.  
28 **MURFREESBORO, TN**

24 Zip **37129** 25 Country **USA**

29 Zip **37129** 30 Country **USA**

3. Date Incorporated or Qualified  
**03/14/1994**

3a. Date of Last Report  
**02/09/1996**

4. FEI Number  
**62-1202425**

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

**CAMPBELL, BOB  
10 SOUTH 4TH STREET  
DEFUNIAK SPRINGS FL 32433**

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 of person or persons named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAKEMORE, TERRY</b>	
STREET ADDRESS	<b>903 INDUSTRIAL DR.</b>	
CITY-ST-ZIP	<b>MURFREESBORO TN 37129</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CLEMONS, ROBERT</b>	
STREET ADDRESS	<b>903 INDUSTRIAL DR.</b>	
CITY-ST-ZIP	<b>MURFREESBORO TN 37129</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>ROBERT DUDNEY</b>	
1.3 STREET ADDRESS	<b>1010 HALEY ROAD</b>	
1.4 CITY-ST-ZIP	<b>MURFREESBORO, TN 37129</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Kimberly Tollett* VP FINANCE & ADMIN.  
KIMBERLY TOLLETT

1/16/97 615-890-3505

Date Daytime Phone #

0477510

CR2E034 (9/96)