

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003395 (0)

1. Corporation Name

FLO-TENN, INC.



Principal Place of Business

Mailing Address

**7700 POPULAR AVENUE
SUITE 213
GERMANTOWN TN 38138
US**

**7700 POPLAR AVENUE
SUITE 213
GERMANTOWN TN 38138
US**

3. Date Incorporated or Qualified 06/28/1994	3a. Date of Last Report 02/28/1995
4. FEI Number 62-1582265	Applied for Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 type (typed or printed name of registered agent and the applicable (NONE) Registered Agent signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFLER, THOMAS F	1.2 NAME	
STREET ADDRESS	5170 SANDERLIN AVENUE, SUITE 201	1.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN 38117	1.4 CITY - ST - ZIP	
TITLE	TDS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, M K	2.2 NAME	
STREET ADDRESS	1255 LYNNFIELD, STE. 222	2.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREWS, CHARLES E	3.2 NAME	
STREET ADDRESS	5191 HICKORY HILL	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN 38141	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLK, HUMPHREY E JR	4.2 NAME	
STREET ADDRESS	4968 WILLIAM ARNOLD AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MEMPHIS TN 38117	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABBOTT, WILLIAM W JR	5.2 NAME	
STREET ADDRESS	506 HIGHWAY 98 EAST	5.3 STREET ADDRESS	
CITY - ST - ZIP	DESTIN FL 32541	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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*****225.00**

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

M. K. Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96

(901) 753-2300

Date

Telephone #

CR2E034 (3/96)