

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004433 (8)

1. Corporation Name

SRF OF TENNESSEE, INC.

Sirrom Resource Texas, Inc.

Principal Place of Business

Mailing Address

511 UNION ST., #2310  
NASHVILLE TN 37219

511 UNION ST., #2310  
NASHVILLE TN 37219



3. Date Incorporated or Qualified  
08/25/1994

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business  
21 500 Church Street

2a. Mailing Address  
26 4287-A Beltline Road

4. FEI Number  
62-1553182

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 Suite 200

Suite, Apt. #, etc.  
27 #350

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

City & State  
23 Nashville, TN

City & State  
28 Dallas, TX

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip Country  
24 37219 25

Zip Country  
29 75244 30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.  
THE GRENFLEAF BLDG., 3RD FLOOR  
200 LAURA ST.  
JACKSONVILLE FL 32201-0240

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DC  
MORRIS, JOHN A JR MD  
243 MEDICAL CENTER S., VANDERBILT UNIVERSITY  
NASHVILLE TN 37212

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
BASS, E W ESQ  
2700 FIRST AMERICAN CENTER  
NASHVILLE TN 37212

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MILLER, GEORGE  
511 UNION ST., #2310  
NASHVILLE TN 37219

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☒ Change ☐ Addition  
500 Church Street, Suite 200

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
WILSON, L E  
511 UNION ST., #2310  
NASHVILLE TN 37219

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☒ Change ☐ Addition  
500 Church Street, Suite 200

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
CFO  
JONES, GINA C  
511 UNION ST., #2310  
NASHVILLE TN 37219

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☒ Change ☐ Addition  
500 Church Street, Suite 200

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
D  
Tidwell, Greer C.  
Vanderbilt Univ. - Box 77 - Station  
Nashville, TN 37235  
☐ Change ☒ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96  
Date

(615) 256-0506  
Daytime Phone #

CR2E034 (12/95)