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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F95000000641 (9)**

1. Corporation Name
SOUTHEAST SERVICE CORPORATION OF TENNESSEE

Principal Place of Business	Mailing Address
PO BOX 19 KNOXVILLE TN 37990 US	PO BOX 19 KNOXVILLE TN 37901-0019 US

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report: 03/12/1996

2. Principal Place of Business
21 406 Willow Ave.
Suite, Apt. #, etc.
22
City & State
23 Knoxville, TN
Zip
24 37915
Country
25 KNOX

2a. Mailing Address
26 P.O. Box 19
Suite, Apt. #, etc.
27
City & State
28 Knoxville, TN
Zip
29 37990
Country
30 KNOX

4. FEI Number: 62-1101779 ☐ 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

LUSTER, JERRY
1421 NE 163RD STREET
NORTH MIAMI BEACH FL 33162

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, 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	PC	☐ DELETE	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	LEE, WILLIAM B		1.2 NAME		
STREET ADDRESS	5555 COVE ISLAND ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		1.4 CITY-ST-ZIP		
TITLE	VVC	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	MCCAMMON, ARTHUR		2.2 NAME		
STREET ADDRESS	1217 ASHGROVE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WILLIAMS, DON R		3.2 NAME		
STREET ADDRESS	109 CRESTVIEW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK RIDGE TN 37830		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	V/T	☐ Change ☒ Addition
NAME	HATCHER, MARK D		4.2 NAME	GIVEN, JAMES	
STREET ADDRESS	1801 STONE HAVEN DRIVE		4.3 STREET ADDRESS	5517 RIVER POINT COVE	
CITY-ST-ZIP	KNOXVILLE TN 37938		4.4 CITY-ST-ZIP	KNOXVILLE, TN 37919	
TITLE	D	☐ DELETE	5.1 TITLE	S1	☐ Change ☒ Addition
NAME	ADDICKS, FRANK		5.2 NAME	DONOVAN, JOHN A	
STREET ADDRESS	819 BLUFF DRIVE		5.3 STREET ADDRESS	5508 TIMBERCREST TR	
CITY-ST-ZIP	KNOXVILLE TN 37919		5.4 CITY-ST-ZIP	KNOXVILLE, TN 37909	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BEALL, SAM		6.2 NAME		
STREET ADDRESS	1032 CRAIGLAND CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: DR Williams DON R WILLIAMS 423-546-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #