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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
406 WILLOW AVE. KNOXVILLE TN 37915 US	P.O. BOX 19 KNOXVILLE TN 37790 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1995

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEE, WILLIAM B		1.2 NAME		
STREET ADDRESS	5555 COVE ISLAND ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCAMMON, ARTHUR		2.2 NAME		
STREET ADDRESS	1217 ASHGROVE DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DON R		3.2 NAME		
STREET ADDRESS	109 CRESTVIEW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OAK RIDGE TN		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIVENS, JAMES		4.2 NAME	GIVEN, JAMES	
STREET ADDRESS	5517 RIVER POINT COVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DONOVAN, JOHN A.		5.2 NAME		
STREET ADDRESS	5508 TIMBERCREST TR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		5.4 CITY-ST-ZIP		
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		

14. I 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: James Given 04/14/98 423-546-8880

CR2E034 (10/97)