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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90051 018 ***150.00

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DOCUMENT # F95000000641

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

2. Principal Place of Business (21)	2a. Mailing Address (26) PO BOX 52370
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28) KNOXVILLE, TN
Zip (24) Country (25)	Zip (29) 37950-2370 Country (30) US

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

4. FEI Number: 62-1101779 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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 ______ 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	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	CPD	☒ 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	GIVEN, JAMES		4.2 NAME		
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, with all other like empowered.

SIGNATURE: James Given 4/7/99 423-546-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)