

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000005028 (4)

1. Corporation Name

DSS/PRODIESEL, INC.



Principal Place of Business

PO BOX 60393  
NASHVILLE TN 37206

Mailing Address

PO BOX 60393  
NASHVILLE TN 37206

3. Date Incorporated or Qualified  
10/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

JACKSON, VICTORIA B  
4951-A EAST ADAMO DRIVE, SUITE 126  
TAMPA FL 33605

4. FEI Number  
62-0639927

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

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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	JACKSON, VICTORIA B	
STREET ADDRESS	922 MAIN STREET	
CITY - ST - ZIP	NASHVILLE TN 37206	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLTZHOWER, ED	
STREET ADDRESS	922 MAIN STREET	
CITY - ST - ZIP	NASHVILLE TN 37206	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WEAVER, BOB	
STREET ADDRESS	922 MAIN STREET	
CITY - ST - ZIP	NASHVILLE TN 37206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BETTY, BEN R	
STREET ADDRESS	200 RUSSELL STREET	
CITY - ST - ZIP	NASHVILLE TN 37213	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAANE, J. DEWEY	
STREET ADDRESS	401 21ST AVENUE SOUTH RM#330	
CITY - ST - ZIP	NASHVILLE TN 37203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUARK, RUDY E	
STREET ADDRESS	611 COMMERCE STREET, SUITE 2723	
CITY - ST - ZIP	NASHVILLE TN 37203	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

700001748217  
-03/19/96--01002--026  
\*\*\*200.00

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

SIGNATURE: BOB WEAVER SECRETARY/TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

615-227-2242

CR2E034 (12/95)