FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # F96000000356 (3)

266-66-7294 4-22-97

1. Corporation Name
FCI, INC. OF TENNESSEE

Principal Place of Business	Mailing Address
5801 MIDDLEBROOK PIKE KNOXVILLE TN 37921	5801 MIDDLEBROOK PIKE KNOXVILLE TN 37921-5947

3. Date Incorporated or Qualified: 01/22/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 51488
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Knoxville, TN.
Zip 24 / Country 25	Zip 29 37950 / Country 30 USA

4. FEI Number: 62-1609020 — 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

SIMPSON, JOHN F
705 SCENIC DR., #90
PENSACOLA FL 32514

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] John Simpson 4/25/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, STACY T		1.2 NAME	
STREET ADDRESS	5801 MIDDLEBROOK PIKE		1.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, DAVID		2.2 NAME	
STREET ADDRESS	5801 MIDDLEBROOK PIKE		2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921		2.4 CITY-ST-ZIP	
TITLE	ST	☒ DELETE	3.1 TITLE	STD ☐ Change ☒ Addition
NAME	MCGINNIS, KENNETH		3.2 NAME	Randall A. Williams
STREET ADDRESS	5801 MIDDLEBROOK PIKE		3.3 STREET ADDRESS	5801 Middlebrook Pike
CITY-ST-ZIP	KNOXVILLE TN 37921		3.4 CITY-ST-ZIP	Knoxville, TN. 37921
TITLE	DC	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAILEY, DOUGLAS W		4.2 NAME	
STREET ADDRESS	5801 MIDDLEBROOK PIKE		4.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921		4.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, MICHAEL D		5.2 NAME	
STREET ADDRESS	5801 MIDDLEBROOK PIKE		5.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37921		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, LENDALL L		6.2 NAME	
STREET ADDRESS	1500 BARCELONA DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37923		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: [signature] Randall A. Williams 4/25/97 (423) 588-3630