

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90266 015 ***150.00

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DOCUMENT # F96000000841

1. Corporation Name
LTCP CORPORATION

Principal Place of Business
1120 SECOND AVENUE NORTH
FRANKLIN TN 37064

Mailing Address
1120 SECOND AVENUE NORTH
FRANKLIN TN 37064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1996

4. FEI Number
43-1714102

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 112 SECOND AVE. NO.

2a. Mailing Address
26 112 2ND AVE. NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 FRANKLIN, TN

City & State
28 FRANKLIN, TN

Zip Country
24 37064 25

Zip Country
29 37064 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE CP ☐ DELETE
NAME CROSBY, ROBERT C
STREET ADDRESS 211 LEWISBURG AVE.
CITY-ST-ZIP FRANKLIN TN 37064

TITLE SD ☐ DELETE
NAME MATTHEWS, LESLIE A
STREET ADDRESS 3030 GILLHAM ROAD
CITY-ST-ZIP KANSAS CITY MO 64108

TITLE D ☒ DELETE
NAME APLIN, JOHN
STREET ADDRESS ONE AMERICAN SQ., STE. 2850
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE D ☒ DELETE
NAME O'LEARY, DENISE
STREET ADDRESS 3000 SAND HILL ROAD, SUITE 100
CITY-ST-ZIP MENLO PARK CA 95042

TITLE D ☐ DELETE
NAME COSNER, C. WILLIAM
STREET ADDRESS 2409 BATTEN RD.
CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE EVP ☒ DELETE
NAME SLAUGHTER, R. DUKE
STREET ADDRESS 9571 JACKEY CLUB LANE
CITY-ST-ZIP BRENTWOOD TN 37027

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME FRASER, MALCOLM
1.3 STREET ADDRESS 2191 NINTH AVE. NO. #100
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33713

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME STEPHEN R. MUNROE
2.3 STREET ADDRESS 1129 CROSS CREEK DR.
2.4 CITY-ST-ZIP FRANKLIN, TN 37067

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Stephen Munroe* STEPHEN MUNROE

4/29/99

615-794-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)