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FILED  
Mar 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F96000002067 (4)**

1. Corporation Name  
**CHATTANOOGA GROUP, INC.**

Principal Place of Business

**4717 ADAMS ROAD  
P.O. BOX 489  
HIXSON TN 37343-0489**

Mailing Address

**4717 ADAMS ROAD  
P.O. BOX 489  
HIXSON TN 37343-0489**

3. Date Incorporated or Qualified

**04/25/1996**

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

**23-1696630**

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

**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 required for each name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|       |                           |                        |                             |                          |
|-------|---------------------------|------------------------|-----------------------------|--------------------------|
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>PCEO</b>               |                        |                             | <input type="checkbox"/> |
|       | <b>CHAPMAN, PAUL</b>      | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>SCFO</b>               |                        |                             | <input type="checkbox"/> |
|       | <b>KLOSTERMAN, SCOTT</b>  | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>V</b>                  |                        |                             | <input type="checkbox"/> |
|       | <b>LINVILLE, DAVID C</b>  | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>D</b>                  |                        |                             | <input type="checkbox"/> |
|       | <b>MCNEIL, ROBERT JR.</b> | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>D</b>                  |                        |                             | <input type="checkbox"/> |
|       | <b>NEUSCHELER, JOAN P</b> | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |
| TITLE | NAME                      | STREET ADDRESS         | CITY-ST-ZIP                 | DELETE                   |
|       | <b>D</b>                  |                        |                             | <input type="checkbox"/> |
|       | <b>NINER, RICHARD</b>     | <b>4717 ADAMS ROAD</b> | <b>HIXSON TN 37343-0489</b> |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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]*

**SCOTT A. KLOSTERMAN**

**3/1/97**

**(423) 870-2281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)