

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90016 005 ***163.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002219

1. Corporation Name
THE STRICKLAND COMPANIES, INC. OF TN.

Principal Place of Business 3741 NE 163RD ST #292 N MIAMI BCH FL 33160	Mailing Address 3741 NE 163RD ST #292 N MIAMI BCH FL 33160
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/02/1996	
4. FEI Number 58-2155015		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent STRICKLAND, JOAN P 3741 NE 163RD ST #292 N MIAMI BCH FL 33160			10. Name and Address of New Registered Agent 81 Name PAUL LAYNE Reg. 82 Street Address (P.O. Box Number is Not Acceptable) 80 S.W. 8th Street 83 Brickell View Center Suite 3000 84 City Miami FL 85 Zip Code 33130		

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 *Paul Layne* (NOTE: Registered Agent signature required when reinstating) DATE 4-5-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, RODNEY A	1.2 NAME	
STREET ADDRESS	1402 KENNEDY CAUSEWAY #163	1.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, MICHAEL C	2.2 NAME	
STREET ADDRESS	1402 KENNEDY CAUSEWAY #163	2.3 STREET ADDRESS	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Malvin N. Strickland	3.2 NAME	Malvin N. Strickland
STREET ADDRESS	3741 NE 163rd St #292	3.3 STREET ADDRESS	3741 NE 163rd St #292
CITY-ST-ZIP	N Miami Beach, FL 33160	3.4 CITY-ST-ZIP	N Miami Beach, FL 33160
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Michael Strickland* Secretary 4-5-99 954-456-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #