

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003367 (7)

1. Corporation Name
GRIZZLY CORPORATION

Principal Place of Business
1350 MURFREESBORO RD.
NASHVILLE TN 37217

Mailing Address
1350 MURFREESBORO RD.
NASHVILLE TN 37217



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/02/1996

2. Principal Place of Business
21 505 CAVE ROAD
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 17586
Suite, Apt. #, etc.

4. FEI Number
62-1603934
Applied For
Not Applicable

23 NASHVILLE, TN

27 NASHVILLE, TN

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

24 37210

29 37217

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

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RONEY, CHARLES A JR.
STREET ADDRESS	1350 MURFREESBORO RD.
CITY-ST-ZIP	NASHVILLE TN 37217
TITLE	S
NAME	HURD, JAMES
STREET ADDRESS	1350 MURFREESBORO RD
CITY-ST-ZIP	NASHVILLE TN
TITLE	T
NAME	GANN, LYNN
STREET ADDRESS	1350 MURFREESBORO RD
CITY-ST-ZIP	NASHVILLE TN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	505 CAVE RD
1.4 CITY-ST-ZIP	NASHVILLE, TN 37210
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	505 CAVE RD
2.4 CITY-ST-ZIP	NASHVILLE, TN 37210
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	505 CAVE RD
3.4 CITY-ST-ZIP	NASHVILLE, TN 37210
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	

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.

SIGNATURE:

CHARLES A. RONEY JR. 1-5-98 615-882-0156

CR2E034 (10/97)