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Apr 30 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 # F96000003920 (3)

1. Corporation Name

COMMUNITY TECTONICS INCORPORATED

Principal Place of Business

105 N. CONCORD ST. SUITE 200  
KNOXVILLE TN 37919

Mailing Address

105 N. CONCORD ST. SUITE 200  
KNOXVILLE TN 37919-2330



3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

08/01/96

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

62-0755537

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

ROLAND, JACK  
3625 W. LAKE HAMILTON DR  
WINTER HAVEN FL 33881

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 NAME ☐ DELETE

P SHELL, DONALD P  
STREET ADDRESS 8904 RIFON CIRCLE  
CITY-ST-ZIP KNOXVILLE TN 37923

TITLE NAME ☐ DELETE

V COYKENDALL, JAMES B III  
STREET ADDRESS 2230 TUDOR MOUNTAIN RD  
CITY-ST-ZIP GATLINBURG TN 37738

TITLE NAME ☐ DELETE

S VINSON, WILLIAM C III  
STREET ADDRESS 6425 WESTMINSTER RD  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE NAME ☐ DELETE

T OGLE, JAMES H  
STREET ADDRESS 325 HILLTOP RD  
CITY-ST-ZIP GATLINBURG TN 37738

TITLE NAME ☐ DELETE

D ROBERTSON, L.A.  
STREET ADDRESS 8401 ALDER DR  
CITY-ST-ZIP KNOXVILLE TN 37919

TITLE NAME ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*W.C. Vinson III*

WILLIAM C. VINSON, III AIA 4/27/97 423/637-0890

CR2E034 (9/96)