

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003920**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1996**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 **P** ☐ DELETE

NAME **SHELL, DONALD P**  
STREET ADDRESS **8904 RIPON CIRCLE**  
CITY-ST-ZIP **KNOXVILLE TN 37923**

TITLE **V** ☐ DELETE

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

TITLE **S** ☐ DELETE

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

TITLE **T** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE ☐ 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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REGION

**WILLIAM C. VINSON 07/16/99 (423) 637-0890**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90018 009 \*\*\*550.00



CR2E034 (5/99)