

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90026 003 ***150.00

DOCUMENT # F96000005528

1. Corporation Name
DTR NORTH CANTON, INC.

Principal Place of Business

755 CROSSOVER LN
MEMPHIS TN 38117-4900
US

Mailing Address

755 CROSSOVER LN
MEMPHIS TN 38117-4900
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1996

4. FEI Number

86-0803814

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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 PD
NAME KELLEHER, RICHARD M
STREET ADDRESS 755 CROSSOVER LN
CITY-ST-ZIP MEMPHIS TN 38117 ☒ DELETE

TITLE DVT
NAME HEUCK, DAVID A
STREET ADDRESS 410 NORTH 44TH STREET, SUITE 700
CITY-ST-ZIP PHOENIX AZ 85008 ☒ DELETE

TITLE SD
NAME DAVID A HEUCK
STREET ADDRESS 410 NORTH 44TH STREET, SUITE 700
CITY-ST-ZIP PHOENIX AZ 85008 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME J. Kendall Huber
1.3 STREET ADDRESS 755 Crossover Lane
1.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME Dan L. Hale
2.3 STREET ADDRESS 755 Crossover Lane
2.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

3.1 TITLE VAS
3.2 NAME M. Ronald Halpern
3.3 STREET ADDRESS 755 Crossover Lane
3.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

4.1 TITLE VASTD
4.2 NAME William S. Harrison
4.3 STREET ADDRESS 755 Crossover Lane
4.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

5.1 TITLE VAT
5.2 NAME R. Bryan Mulroy, Jr.
5.3 STREET ADDRESS 755 Crossover Lane
5.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

6.1 TITLE VAT
6.2 NAME W. Steven Standefer
6.3 STREET ADDRESS 755 Crossover Lane
6.4 CITY-ST-ZIP Memphis, TN 38117 ☐ Change ☒ Addition

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: *W. L. SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)