

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**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90097 006 \*\*\*150.00

DOCUMENT # **F97000001888**

1. Corporation Name  
**ROAD ONE, INC.**



Principal Place of Business  
**7704 BASSWOOD DR  
CHATTANOOGA TN 37416  
US**

Mailing Address  
**7704 BASSWOOD DR  
CHATTANOOGA TN 37416  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/11/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>62-1656758</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. 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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BADGLEY, JEFFREY</b>	1.2 NAME	
STREET ADDRESS	<b>8503 HILLTOP DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OOLTEWAH TN 37363</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNAYER, ADAM</b>	2.2 NAME	
STREET ADDRESS	<b>8503 HILLTOP DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OOLTEWAH TN 37363</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADONIA, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>8503 HILLTOP DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OOLTEWAH TN 37363</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFF, HOWARD</b>	4.2 NAME	
STREET ADDRESS	<b>1416 10TH COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK FL 33403</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPCF</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYNORD, JOHN A.</b>	5.2 NAME	
STREET ADDRESS	<b>7704 BASSWOOD DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ASAT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEXLER, ERIC</b>	6.2 NAME	
STREET ADDRESS	<b>7704 BASSWOOD DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37416</b>	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:

**ORIGINAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-99**

Date

Daytime Phone #

CR2E034 (11/98)

0523806