

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000002664

1. Entity Name
ALEXANDER'S CORPORATION



Principal Place of Business
**913 DALE MABRY HWY.
TAMPA, FL 33609**

Mailing Address
**3401 WEST END AVE. #260
NASHVILLE, TN 37203**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0854056

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000944933
05/29/08-80120-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	STOUT, LONNIE J II
STREET ADDRESS	3401 WEST END AVE., STE. 260
CITY-ST-ZIP	NASHVILLE, TN 37202
TITLE	D
NAME	DUNCAN, E. TOWNES
STREET ADDRESS	3401 WEST END AVE., STE. 260
CITY-ST-ZIP	NASHVILLE, TN 37202
TITLE	D
NAME	FRITTS, GARLAND G
STREET ADDRESS	3401 WEST END AVE., STE. 260
CITY-ST-ZIP	NASHVILLE, TN 37202
TITLE	S
NAME	LEWIS, R. GREGORY
STREET ADDRESS	3401 WEST END AVE., STE. 260
CITY-ST-ZIP	NASHVILLE, TN 37202
TITLE	D
NAME	REED, JOHN B
STREET ADDRESS	3401 WEST END AVE STE 260
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	D
NAME	STEAKLEY, JOSEPH N
STREET ADDRESS	ONE PARK PLAZA PO BOX 550
CITY-ST-ZIP	NASHVILLE, TN 37203

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/08

615-269-1923