

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003317 (1)**
1. Corporation Name

GADSDEN CORRECTIONAL INSTITUTION, INC.



Principal Place of Business 2500 SOUTH SEVENTH STREET LOUISVILLE KY 40208	Mailing Address 2500 SOUTH SEVENTH STREET LOUISVILLE KY 40208
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10 Burton Hills Blvd. Suite, Apt. #, etc. 22		2a. Mailing Address 26 10 Burton Hills Blvd. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/25/1997	
City & State 23 Nashville, TN Zip 24 37215		City & State 28 Nashville, TN Zip 29 37215		4. FEI Number 62-1693982 Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRIZZARD, O. JANE
HIGHWAY 12
QUINCY FL 32351**

10. Name and Address of New Registered Agent

81 Name	CT Corporation System	
82 Street Address (P.O. Box Number is Not Acceptable)	1200 S. Pine Island Road	
83		
84 City	Plantation	85 Zip Code 33324

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

Mary R. Adams

(NOTE: Registered Agent signature required when changing registered agent.)

**MARY R. ADAMS
ASSISTANT SECRETARY**

7-21-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	POD	<input checked="" type="checkbox"/> DELETE
NAME	MCQUEEN, ROBERT B	
STREET ADDRESS	2500 SOUTH 7TH ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MILLINGTON, PHILIP A	
STREET ADDRESS	2500 SOUTH 7TH ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON JR, MILTON D	
STREET ADDRESS	2500 SOUTH 7TH ST	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Doctor R. Crants	
1.3 STREET ADDRESS	10 Burton Hills Boulevard	
1.4 CITY-ST-ZIP	Nashville, TN 37215	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Darrell K. Massengale	
2.3 STREET ADDRESS	10 Burton Hills Boulevard	
2.4 CITY-ST-ZIP	Nashville, TN 37215	
3.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brent Turner	
3.3 STREET ADDRESS	10 Burton Hills Boulevard	
3.4 CITY-ST-ZIP	Nashville, TN 37215	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Brent Turner

7/16/98 (615) 263-3000

CR2E034 (5/98)