

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

FILED

May 01 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 # F97000004714 (8)
1. Corporation Name
CLEARIDGE, INC.

Principal Place of Business
2710 LANDERS AVE.
NASHVILLE TN 37211

Mailing Address
2710 LANDERS AVE.
NASHVILLE TN 37211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1460440	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NRAJ SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, C P	1.2 NAME	
STREET ADDRESS	200 4TH AVE N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DON	2.2 NAME	
STREET ADDRESS	6070 BETHANY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37211	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUTHER, A M JR	3.2 NAME	
STREET ADDRESS	901 KEVIN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN 37923	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, F A	4.2 NAME	
STREET ADDRESS	300 INTERNATIONAL PKWY., #270	4.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL 32746	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, JAMES M JR	5.2 NAME	
STREET ADDRESS	101 S. CHURCH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAVERLY TN 37185	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROUSCH, BRETT	6.2 NAME	
STREET ADDRESS	718 BELVOIR AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37412	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: F. Michael Williams 4-6-98 615-742-8877

CR2E034 (10/97)