

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90111 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000004714**

1. Corporation Name  
**CLEARIDGE, INC.**



Principal Place of Business 2710 LANDERS AVE. NASHVILLE TN 37211	Mailing Address 2710 LANDERS AVE. NASHVILLE TN 37211
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>09/10/1997</b>	4. FEI Number <b>62-1460440</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
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

**NRAJ SERVICES, INC.**  
**526 E. PARK AVE.**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYNN, C P</b>	1.2 NAME	
STREET ADDRESS	<b>200 4TH AVE N.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DON</b>	2.2 NAME	
STREET ADDRESS	<b>6070 BETHANY BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NASHVILLE TN 37211</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTHER, A M JR</b>	3.2 NAME	
STREET ADDRESS	<b>901 KEVIN RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KNOXVILLE TN 37923</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORAN, F A</b>	4.2 NAME	
STREET ADDRESS	<b>300 INTERNATIONAL PKWY., #270</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWERS, JAMES M JR</b>	5.2 NAME	
STREET ADDRESS	<b>101 S. CHURCH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAVERLY TN 37185</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUSCH, BRETT</b>	6.2 NAME	
STREET ADDRESS	<b>716 BELVOIR AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATTANOOGA TN 37412</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: F. Michael Williams **F. MICHAEL WILLIAMS CFO** 4-15-99 615-742-8877  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)