

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

FILED
Mar 17 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 # **F97000005912**
1. Corporation Name

VRCHOTA CORPORATION

Principal Place of Business 8503 Hilltop Drive Ooltewah, TN 37363	Mailing Address 8503 Hilltop Drive Ooltewah, TN 37363
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7704 Basswood Drive Suite, Apt. #, etc.		2a. Mailing Address 26 7704 Basswood Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/06/97	
22 City & State 23 Chattanooga, TN		27 City & State 28 Chattanooga, TN		4. FEI Number 62-1703556 Applied For Not Applicable	
24 Zip 37416		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 37416		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 for 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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jeffrey I. Badgley		1.2 NAME Doug Williams	
STREET ADDRESS 8503 Hilltop Dr Ooltewah, TN 37363		1.3 STREET ADDRESS 7704 Basswood Drive	
CITY-ST-ZIP Chattanooga, TN 37416		1.4 CITY-ST-ZIP Chattanooga, TN 37416	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jon Vrchota		2.2 NAME	
STREET ADDRESS 2571 W. Hillsboro Blvd. Deerfield Beach, FL 33442		2.3 STREET ADDRESS	
CITY-ST-ZIP Chattanooga, TN 37416		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME John Maynard		3.2 NAME	
STREET ADDRESS 7704 Basswood Drive		3.3 STREET ADDRESS	
CITY-ST-ZIP Chattanooga, TN 37416		3.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eric Wexler		4.2 NAME	
STREET ADDRESS 7704 Basswood Drive		4.3 STREET ADDRESS	
CITY-ST-ZIP Chattanooga, TN 37416		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Maynard, Vice President 3/16/98 (800) 762-3663

Date

Daytime Phone #

CR2E034 (10/97)