

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION'  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003648**

1. Corporation Name

**AMERICAN LIFESTYLES OF TENNESSEE, INC.**

Principal Place of Business  
**3570 KEITH STREET. N.W.  
CLEVELAND TN 37312**

Mailing Address  
**3570 KEITH STREET. N.W.  
CLEVELAND TN 37312**

**FILED**  
**Jul 30, 1999 8:00 am**  
**Secretary of State**

07-30-1999 90007 033 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/25/1998**

4. FEI Number

**62-1340023**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 or 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 **PC** ☐ DELETE  
NAME **PRESTON, FORREST L**  
STREET ADDRESS **3570 KEITH STREET N.W.**  
CITY-ST-ZIP **CLEVELAND TN 37312**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE  
NAME **O'BRIEN, JOHN P JR.**  
STREET ADDRESS **3570 KEITH STREET N.W.**  
CITY-ST-ZIP **CLEVELAND TN 37312**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE  
NAME **CLAYTON, ANGELENA Y**  
STREET ADDRESS **3570 KEITH STREET N.W.**  
CITY-ST-ZIP **CLEVELAND TN 37312**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **VS**  
3.3 STREET ADDRESS **Clayton, Angelena Y.**  
3.4 CITY-ST-ZIP **3570 Keith Street, NW**  
**Cleveland, TN 37312**

TITLE **AS** ☐ DELETE  
NAME **CROSS, CINDY S**  
STREET ADDRESS **3570 KEITH STREET N.W.**  
CITY-ST-ZIP **CLEVELAND TN 37312**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **T**  
5.3 STREET ADDRESS **Rusk, Ed**  
5.4 CITY-ST-ZIP **3570 Keith Street, NW**  
**Cleveland, TN 37312**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: BY: **American Lifestyles of Tennessee, Inc.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF CORPORATION Secretary

7/2/99

(423) 473-5867

Date

Daytime Phone #

CR2E034 (5/99)

0118654



3570 Keith Street, NW / P.O. Box 3480 / Cleveland, Tennessee 37320-3480 / (423) 472-9585

July 26, 1999

**VIA AIRBORNE EXPRESS**

Florida Secretary of State  
Registration Section  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: American Lifestyles, Inc.

Dear Representative:

Enclosed herewith for your consideration and review is the completed annual report for the above-referenced entity. Also enclosed herewith is the entity's check in the amount of \$550.00 which represents the necessary filing fees. I would appreciate your filing same within your office.

If you should have any questions and/or comments to the enclosed, please contact me at (423) 473-5868.

Sincerely,

Joan E. Thurmond  
Legal Assistant

/mjr  
Enclosures

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599072-60007-33