

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000003660

1. Entity Name
FOMSA INC.



Principal Place of Business

**100 PEABODY PLACE, SUITE 1400
MEMPHIS, TN 38103**

Mailing Address

**100 PEABODY PLACE, SUITE 1400
MEMPHIS, TN 38103**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-1743799

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC BELZ, JACK A 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GROVEMAN, ANDREW J 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD WILLIAMS, JIMMIE D 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIAMS, JIMMIE D 100 PEABODY PLACE, SUITE 1400 MEMPHIS, TN 38103 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/26/04-80044-010 150.00

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jimmie D. Williams 1/21/04 901-707-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #