## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G03717 (7) DREW REID, INC. Principal Place of Prosiness Mailing Address PO BOX 110771 NASHVILLE TN 37222 PO BOX 110771 NASHVILLE TN 37222 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1982 2. Principal Place of Business 4. FEI Number Applied For P.O. BOX 120276 Suite, Apt. #, etc. P.O. BOX 120276 59-2232913 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing NASHVILLE, 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 11SA Personal Property Tax due June 30. ☐ Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NEWTON, JOHN D.C., II 215 S MONROE STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 70+ 705 TALLAHASSEE FL 82200+ 32301 63 R4 City Zip Code 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 proted name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE REID, ANDREW H. 1.2 NAME NALIF 1133 HOWELL DRIVE STREET ADDRESS 1.3 STREET ADDRESS FRANKLIN TN *3706*9 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE \_\_\_ Change Addition 2.1 TITLE REID, JULIANNE M. NAME 2.2 NAME 1133 HOWELL DRIVE STREET ADDRESS 2.3 STREET ADDRESS FRANKLIN TN 37069 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition THILE \_\_ DELETE 61 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby cortify 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 eath; 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 amaddress.

**SIGNATURE:** 

ANDREW H. REID

3-4-98

615-791-9116