

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G46656** (6)

1. Corporation Name
AMERICAN OXYGEN SERVICES OF TENNESSEE, INC.

Principal Place of Business Mailing Address
2454 E. MICHIGAN STREET **2454 E. MICHIGAN STREET**
ORLANDO FL 32806 **ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/28/1983		3a. Date of Last Report 06/24/1994	
4. FEI Number 59-2316841		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address				4. FEI Number				Applied For			
21				26				59-2316841				Not Applicable			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired				<input type="checkbox"/>			
22				27				6. Election Campaign Financing				<input type="checkbox"/>			
City & State				City & State				Trust Fund Contribution				<input type="checkbox"/>			
23				28				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Zip				Country				Zip				Country			
24				25				29				30			

9. Name and Address of Current Registered Agent

BATES, TIMOTHY
7726 WHITE ASH ST
ORLANDO FL 32819

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, TIMOTHY	1.2 NAME	
STREET ADDRESS	7726 WHITE ASH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MICHAEL	2.2 NAME	
STREET ADDRESS	2110 APPALACHIAN HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	LA FOLLETTE TN	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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 as an attachment with an address.

SIGNATURE: _____ DATE: _____ DAY: _____ MONTH: _____ YEAR: _____
Signature, typed or printed name of signing officer or director