2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # H89722** WADDELL & ASSOCIATES, INC. 02-01-2000 90008 041 ***150.00 Principal Place of Business Mailing Address 5188 WHEELS DR P. O. BOX 771469 MEMPHIS TN 38117 MEMPHIS TN 38177-1469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. City & State City & State 4. FEI Number Applied For 59-2627811 Not Applicate Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IGOE, JOHN G. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY PALM BEACH FL 33480 Zip Code FL 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. 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. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete Addition TITLE TITLE NAME WADDELL, ALFRED M JR NAME STREET ADDRESS STREET ADDRESS 5188 WHEELIS DR CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38117 ☐ Delete Change Addition NAME WADDELL, CLARA NAME STREET ADDRESS 5188 WHEELIS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38117 ☐ Change Addition TITLE ☐ Delete TITLE IGOE, JOHN G NAME NAME STREET ADDRESS 250 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH. FL 33480 ☐ Delete TITLE ☐ Change Addition TITLE WUNDERLICH, ALVIN W III NAME NAME STREET ADDRESS STREET ADDRESS 5188 WHEELIS DR CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38117 Addition ☐ Delete ☐ Change TITLE TITLE SCRUGGS, PHYLLIS R NAME NAME STREET ADDRESS STREET ADDRESS 5188 WHEELID DR CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WILLIAMS, KATHY S NAME STREET ADDRESS STREET ADDRESS 5188 WHEELIS DR

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. ACFRED M WADDELL

CITY-ST-ZIP

MEMPHIS TN 38117

CITY-ST-ZIP

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR