## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # H89791



Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-30-1999 90188 049 \*\*\*150.00

Principal Place of Business Mailing Address	1811 BIBST BI	IAN DIMIL ASDEL CARL
741 DACCO DRIVE P.O. BOX 2789 COOKEVILLE TN 38502 US  741 DACCO DRIVE P.O. BOX 2789 DO NOT WRITE IN THIS	SPACE	
US US 3. Date Incorporated or Qualifed 01/01/1986		
2 Principal Place of Rusiness 2a. Mailing Address 4. FEI Number		Applied For
21 62-1258128	$\Box$	Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired	\$8.7	5 Additional
27	Fee	e Required
City & State City & State 6. Election Campaign Financing		<b>00</b> May Be
28 Trust Fund Contribution	Add	led to Fees
Zip Country Zip Country 8. This corporation owes the current year Ir		<b>□</b>
24 38506   25   29 38502-2789   30   Personal Property Tax.	Yes	<u>_</u> No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	Agent	
CT CORPORATION SYSTEM		
1200 S. PINE ISLAND ROAD  82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324	_	<del> </del>
1 DATA NOTE 00027		
84 City	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 sections of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximate the section of the sect	grannent a	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Flereby accept the approagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE		s registered
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office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Friendly accept the applications of 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 A	ND DIRE	CTORS IN 12
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office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Hereby accept the agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AT DIRECTORS  11.1 TITLE  NAME  HALL, JAMES N.  STREET ADDRESS  1330 SOUTH MAPLE AVENUE  1.3 STREET ADDRESS  CITY-ST-ZIP  COOKEVILLE TN  DELETE  1.4 CITY-ST-ZIP  TITLE  VAME  STREET ADDRESS  1330 S MAPLE AVE  COOKEVILLE TN  DELETE  1.1 TITLE  VAME  1.2 NAME  1.4 CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE  SPENCE, ROBERT N.  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  SPENCE, ROBERT N.  3.3 STREET ADDRESS  COOKEVILLE TN  DELETE  3.1 TITLE  AMME  SPENCE, ROBERT N.  3.3 STREET ADDRESS  COOKEVILLE TN  DELETE  3.4 CITY-ST-ZIP  TITLE  A.4 CITY-ST-ZIP  TITLE  A.5 COOKEVILLE TN  DELETE  3.4 CITY-ST-ZIP  TITLE  A.4 CITY-ST-ZIP  TITLE  A.5 COOKEVILLE TN  DELETE  4.1 TITLE  A.4 NAME	ND DIRE Chai	CTORS IN 12  nge Addition  nge Addition
office or registered agent, or both, in the State of Honda. Such change was authorized by the Corporation's board of directors. Thereby accept the applicable 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	ND DIRE Chai	CTORS IN 12  nge Addition  nge Addition
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

VHallEQUIREVice President

4-21-99

931-528-7581