

FILED  
Jul 29 1998 8:00am  
Secretary of State

0115126

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> <i>Secretary of State</i> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # J34768 (8)  
1. Corporation Name  
DIVERSIFIED CAPITAL CORPORATION OF TENNESSEE

Principal Place of Business	Mailing Address
11983 TAMiami TRAIL SUITE 138 NAPLES FL 34110 US	11983 TAMiami TRAIL SUITE 138 NAPLES FL 34110 US

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>		<b>27</b>	
	City & State		City & State
<b>23</b>		<b>28</b>	
	Zip		Zip
	Country		Country
<b>24</b>		<b>29</b>	
		<b>30</b>	

3. Date Incorporated or Qualified		09/24/1986	
4. FEI Number	59-2815089	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 owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MOBLEY, BILL	81 Name
10821 AIRPORT RD N	82 Street Address
SUITE #1	83
NAPLES FL 33104	84 City

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS
TITLE	P	<input type="checkbox"/> DELETE
NAME	LASLEY, HOWARD D.	
STREET ADDRESS	6263 POPLAR AVENUE, SUITE 300	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	EXVP	<input type="checkbox"/> DELETE
NAME	MAYES, ROBERT E III	
STREET ADDRESS	2623 POPLAR AVENUE, SUITE 300	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LASLEY, BETTYE	
STREET ADDRESS	6263 POPLAR AVENUE, SUITE 300	
CITY-ST-ZIP	MEMPHIS TN 38119	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MOBLEY, DAVID M. SR.	
STREET ADDRESS	10621 AIRPORT-PULLING ROAD, #1	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(f), 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 changed, or on an attachment with my address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/98 901-374-9660  
Date Daytime Phone #

CR2E034 (5/98)