


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 18 AM 8:56

<b>DOCUMENT # P02000060248</b>		
1. Entity Name <b>BFOL 2 INC.</b>		
Principal Place of Business <b>ONE BUCKEYE DR PERRY, FL 32347</b>		Mailing Address <b>1001 TILLMAN STREET MEMPHIS, TN 38112-2096</b>



01112008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>52-2283145</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**700131507537**  
**06/19/08--01035--018 \*\*1366.25**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CEOD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWE, JOHN B			NAME			
STREET ADDRESS	1001 TILLMAN ST.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 381080407			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATULA, KRISTOPHER J			NAME			
STREET ADDRESS	1001 TILLMAN ST.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 381080407			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELTER, ELIZABETH J			NAME			
STREET ADDRESS	1001 TILLMAN ST.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 381080407			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, SHEILA J			NAME			
STREET ADDRESS	1001 TILLMAN ST.			STREET ADDRESS			
CITY-ST-ZIP	MEMPHIS, TN 381080407			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Steven G. Dean		
STREET ADDRESS				STREET ADDRESS	1001 Tillman Street		
CITY-ST-ZIP				CITY-ST-ZIP	Memphis, TN 38112		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sheila Jordan Cunningham*

Secretary

2/15/08 (901) 320-8409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sheila Jordan Cunningham