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 MAR 10 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02736 (7)

1. Corporation Name
HAROLD MOORE & ASSOCIATES, INC. OF TENNESSEE

Principal Place of Business	Mailing Address
1798 WILSON PARKWAY FAYETTEVILLE TN 37334	1798 WILSON PARKWAY FAYETTEVILLE TN 37334

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/17/1984
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22 P.O. Box 2070	Suite, Apt. #, etc.: 27 P.O. Box 2070
City & State: 23 Cleveland, TN	City & State: 28 Cleveland, TN
Zip: 24 37320-2070 Country: 25 BRADLEY	Zip: 29 37320-2070 Country: 30 Bradley

4. FEI Number: 62-1028383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	Chairman of Board	☐ Change ☒ Addition
NAME	MOORE, HAROLD	1.2 NAME		
STREET ADDRESS	1025 PETERSBURG HWY	1.3 STREET ADDRESS	Forrest Preston	
CITY-ST-ZIP	FAYETTEVILLE TN	1.4 CITY-ST-ZIP	P.O. Box 3480 N/A Cleveland TN 37320-3480	
TITLE	PD	2.1 TITLE	Asst. Sec't	☒ Change ☐ Addition
NAME	LANDERS, JOHN W.	2.2 NAME		
STREET ADDRESS	ROUTE 6, BOX 390	2.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE TN	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, GARY A.	3.2 NAME		
STREET ADDRESS	RT. 1, BOX 261	3.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE TN	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE	Secretary & Treasurer	☒ Change ☐ Addition
NAME	CARY, HAROLD L.	4.2 NAME		
STREET ADDRESS	253 WELLSBROOK CR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE TN	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ELIZABETH R.	5.2 NAME		
STREET ADDRESS	1025 PETERSBURG HWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE TN	5.4 CITY-ST-ZIP		
TITLE	STD	6.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, LINDA M.	6.2 NAME		
STREET ADDRESS	1304 WOODLAND DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE TN	6.4 CITY-ST-ZIP		

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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)(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 above, or on an attachment with an address.

SIGNATURE: Harold L. Cary Harold L. Cary 3-2-95 615-555-1580
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone

0467646 FN