PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPLICATION

SIGNATURE: SIGN

	FOR (ISTATEMENT			Katherine I Secretary of VISION OF CORP	State	: T	FILED SECRETARY OF STA ALLAHASSEE, FLO	ATE RIDA	
DOCUMENT # P05207 1. Corporation Name					ONATIONS		01 DEC 17 PM 2:	11	
ROCK	CITY MECHANI	CAL, IN	D .						
Principal P	lace of Business		Mailing Addre			1			
						* 18611361	ISI aribi b usu dibid badi 1866 birdi ala	AF BLOW BIDII BEBIK AFURI INNI	
NASHVILLE TN 37211			P.O. BOX 40446 NASHVILLE TN 37204						
US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable						RICTA	TENENT	}	
If above a	addresses are incorrect in any	way, line thro	ugh incorrect in	formation and ent	er correction below.	KAD IN	A CONTRACTOR OF IN		
New Principal Office Address, If Applicable 3. New Mai				ing Office Address, If Applicable 4.		Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite,				, Apt. #, etc.			03/05/1985		
City & State City & Si						5. FEI Numbe	62-0786474	Applied For Not Applicable	
Zip	Country		Zip	Cou	ntry	6 CERTIFICATE	OF STATUS DESIRED S8.7	5 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each	Officer and/o	r Director (Flor	ida nonprofit corp	orations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors				Street Address of Each Officer and/or Director		City / State / Zip		
DVS	DVS SCHUETT, JACK L.			2715 GRANVIEW AVE.			NASHVILLE TN 37211		
PDT. CAMPBELL, JAMES A.			2715 GRANDVIEW AVE.			NASHVILLE TN 37211			
S	S ALLEN, VIVIAN				2715 GRANDVIEW AVE.		NASHVILLE TN 37211		
T	DICKENS, JOHN B			2715 GRANDVIEW AVE			NASHVILLE TN 37211		
					9000047448296			8296 11049028	
							****750.80	****750.08	
	8. Name and Address	of Current Re	gistered Ager	nt	Name	9. Name and A	Address of New Registered A		
C T CORPORATION SYSTEM					Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				Street Address (P.		O. Box Number is Not Acceptable)			
PLANTATION FL 33324				Suite, Apt. #, Etc.					
					City	State Zip Code			
10. I, being	appointed the registered age	nt of the above	named corpor	ation, am familiar	with and accept the ob	oligations of Section			
:		Λ	Λ	JEI	NIFER FA	ULTMA	N		
Signature of SIGNATISE REDITION -SE						CRETARY			
Registered /	Agent	REG	STERED AGE	NT MUST SIGN			Date		
11. I certify t	that I am an officer or director	or the receive	r or trustee em	powered to execut	e this application as p	rovided for in cha	pter 607 or 617, F.S. I turther c	ertify that when filing	
owed by	the corporation have been pa pplication is true and accurate	aid and the na	nes of individu	als listed on this fo	orm do not qualify for a	an exemption und	of section 607.0401 or 617.040 ler section 119.07(3)(i), F.S. Th	1, F.S., that all fees in information indicated	

615-251-3045

11-20-01