FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P08379** **(0)**

1. Corporation Name

MOORE AND ASSOCIATES, INC. OF TENNESSEE

Principal Place of Business

217 WEST MAIN STREET
GALLATIN TN 37066

Mailing Address

217 WEST MAIN STREET
GALLATIN TN 37066

3. Date Incorporated or Qualified: **12/11/1985**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **62-1166781** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 Section(s) 607.0502 and 607.1904, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LEON		2 NAME	
STREET ADDRESS	2229 NASHVILLE PIKE		3 STREET ADDRESS	
CITY-ST-ZIP	GALLATIN TN 37066		4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RICHARD L		6 NAME	
STREET ADDRESS	5320 FOREST ACRES DRIVE		7 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37220		8 CITY-ST-ZIP	
TITLE	T	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	MARLOWE, BOB		10 NAME	
STREET ADDRESS	290 BAYSHORE DRIVE		11 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN 37075		12 CITY-ST-ZIP	
TITLE	V	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	MORGAN, THOMAS E JR.		14 NAME	
STREET ADDRESS	1108 INNESWOOD DRIVE		15 STREET ADDRESS	
CITY-ST-ZIP	HENDERSONVILLE TN 37075		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is accurate and that I am qualified 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 changed or added above.

SIGNATURE: Bob Marlowe Bob Marlowe, Treasurer 3-26-96 615-452-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #