FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P09101

BEAVERS, SMITH, LANGFORD, MUNDINGER, INC.

FILED Apr 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							EIBI MEL MINIL DIL	113 WINGL MEMER MIN)
5180 PARK AVENUE 5180 PARK AVENUE									
			SUITE 250 MEMPHIS TN 38119			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Quali		- OI AOL	
						02/14/1986			
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number		Ar	oplied For
21		26				74-2125665		No	ot Applicable
Suite, Apt.	#, etc.	— — · ·	of. #, etc.			5. Certificate of Status Desire	a \square	\$8.75	
City & Stat	Δ	27]	City & State					Fee Re	<u> </u>
23		├ ─┐	28			6. Election Campaign Financi Trust Fund Contribution	ing	\$5.00 Added	
Zip Country		Zip	+· *		,	8. This corporation owes or h			
24	25 29 30		<u>ו</u>		Personal Property Tax due			No I	
	9, Name and Address of Cur		ent			10. Name and Address of Ne	w Registered	l Agent	
	PRPORATION SERVICE COMP	ANY		81	Name				
	01 HAYS STREET LLAHASSEE FL 32301		82 Street Ad			Idress (P.O. Box Number is Not Acc	eptable)	<u> </u>	
'^	LLAIMOOCE FE 32301			63					
								···-	
				84	City		Fi	<u> </u>	Code
11 Pursuant to the provisions of Sections 607 0602 and 607 1609 Etorida Statutos the above annual connection with this statuto of the statutos									s 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, Saction 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or proted came of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.					•	ADDITIONS/CHANGES TO C		D DIRECTOR	IS IN 12
TITLE	CD		DELETE	1.1 TITLE				☐ Change	Addition
NAME	BEAVERS, BOB			1.2 NAME					
STREET ADDRESS	5180 PARK AVENUE		ľ.	1.3 STREET	ADDRESS				
CITY-ST-ZIP	MEMPHIS TN 38119 SVD		*****	1.4 CITY-S	T-ZIP				
TITLE	LANGFORD, EDWARD	L		2.1 TITLE				Change	☐ Addition
NAME CENTER ADDRESS	5180 PARK AVENUE			2.2 NAME					
STREET ADDRESS CITY-ST-ZIP	MEMPHIS TN 38119			2.3 STREET					
TITLE	PD			2. 4 CITY - (3.1 TITLE	ST-ZIP			Change	Addition
NAME	LANGFORD, JAMES	_		3.2 NAME				CT Cuantie	☐ Addition
STREET ADDRESS	5180 PARK AVENUE			3 3 STREET	ADDRESS				
CITY-ST-ZIP	MEMPHIS TN			3 4. CITY- S					
TITLE	TVD			4.1 TITLE				Change	Addition
NAME	MUNDINGER, JOHN W		4	4. 2 NAME					
STREET ADDRESS	5180 PARK AVENUE			4.3 STREET	ADDRESS				
CITY-ST-ZIP	MEMPHIS TN 38119		4	4.4 CITY - S	T-ZIP				
TITLE			DELETE 5	5.1 TITLE				Change	Addition
NAME			5	5.2 NAME					
STREET ADDRESS			. 5	6.3 STREET	ADDRESS				
CITY-ST-ZIP			1	5.4 CITY - S	T- ZIP				
TITLE		L		6.1 TITLE				Change	☐ Addition
NAME				6.2 NAME					
STREET ADDRESS			•	6.3 STREET	ı				
CITY-ST-ZIP	portify that the information available	Little Alata Kita at 10		6.4 CITY - S	T-ZIP	0 0 110 07(0)() 5			

I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address

SIGNATURE: