SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 1:19

DOCUMENT # **P14081** **(4)**

1. Corporation Name

AVISCO, INC.

Principal Place of Business	Mailing Address
6621 WILBANKS RD. KNOXVILLE TN 37912 US	P.O. BOX BOX 51683 KNOXVILLE TN 37950-1683 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1987	3a. Date of Last Report: 07/26/1994
4. FEI Number: 62-1143234	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 files (or intangible tax under s. 199.032, Florida Statutes) ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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	P	11 TITLE	Secretary	☐ Change ☒ Addition
NAME	PHILLIPS, AVIS A.	12 NAME	J. Patrick McMullen	
STREET ADDRESS	800 BRIXWORTH AVENUE	13 STREET ADDRESS	6504 Lambent Lane	
CITY-ST-ZIP	KNOXVILLE TN	14 CITY-ST-ZIP	Knoxville TN 37918	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, KENNETH	22 NAME		
STREET ADDRESS	6621 WILBANKS RD.	23 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	SHULER, C. L	32 NAME		
STREET ADDRESS	6621 WILBANKS RD.	33 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	COLE, JOEL W Delete	42 NAME		
STREET ADDRESS	4244 INISBROOK WAY	43 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	44 CITY-ST-ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	LAIL, MICHAEL	52 NAME		
STREET ADDRESS	6621 WILBANKS RD.	53 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: J. Patrick McMullen Secretary 6-13-95 6156888842
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181005 FN