

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90046 001 \*\*\*150.00

0593841

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P14081**

1. Corporation Name  
**AVISCO, INC.**

Principal Place of Business

6621 WILBANKS RD.  
KNOXVILLE TN 37912  
US

Mailing Address

P.O. BOX BOX 51683  
KNOXVILLE TN 37950-1683  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/16/1987**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
PHILLIPS, AVIS A.  
800 BRIKWORTH AVENUE  
KNOXVILLE TN**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HAMPTON, JERRY L  
6621 WILBANKS RD.  
KNOXVILLE TN 37912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SHULER, C. L  
6621 WILBANKS RD.  
KNOXVILLE TN**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AVD  
MCCULLEY, LESA P.  
6621 WILBANKS RD  
KNOXVILLE TN 37912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SHULER, C. LAMAR  
6621 WILBANKS RD  
KNOXVILLE TN 37912**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FERGUSON, PATRICIA A.  
6621 WILBANKS RD  
KNOXVILLE FL 37912**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**V  
William J. Zaist  
6621 Wilbanks Road  
Knoxville, TN 37912**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William J. Zaist**

03/01/99 (423) 689-6383

Date

Daytime Phone #

CR2E034 (11/98)