

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14081

Entity Name: AVISCO, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

6621 WILBANKS RD.
KNOXVILLE, TN 37912 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX BOX 51683
KNOXVILLE, TN 379501683 US

New Mailing Address:

FEI Number: 62-1143234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: PHILLIPS, AVIS A.,
Address: 800 BRIKWORTH AVENUE
City-St-Zip: KNOXVILLE, TN

Title: TD () Delete
Name: SHULER, C. LAMAR JR
Address: 6621 WILBANKS RD.
City-St-Zip: KNOXVILLE, TN 37912

Title: AVD () Delete
Name: MCCULLEY, LESA P.
Address: 6621 WILBANKS RD
City-St-Zip: KNOXVILLE, TN 37912

Title: VPD () Delete
Name: HAMPTON, JERRY L
Address: 6621 WILBANKS RD
City-St-Zip: KNOXVILLE, TN 37912

Title: S () Delete
Name: FERGUSON, PATRICIA A.
Address: 6621 WILBANKS RD
City-St-Zip: KNOXVILLE, FL 37912

Title: VP () Delete
Name: CARPENTER, MITCH
Address: 210 DUNSMORE RD
City-St-Zip: LENOIR CITY, TN 37772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CARPENTER, MITCH
Address: 210 DUNSMORE RD
City-St-Zip: LENOIR CITY, TN 37772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVIS A PHILLIPS

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04/30/2004

Electronic Signature of Signing Officer or Director

Date