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FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P23914

(5)

1. Corporation Name

THE POTOMAC GROUP, INC.



Principal Place of Business

2525 C LEBANON RD
NASHVILLE TN 37214

Mailing Address

2525 C LEBANON RD
NASHVILLE TN 37214-2407

3. Date Incorporated or Qualified

04/17/1989

3a. Date of Last Report

02/12/1996

4. FEI Number

62-1249087

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1283 MURPHESSBORO ROAD

Suite, Apt. #, etc.

22

City & State

23 NASHVILLE, TN

Zip

24 37217

Country

25 DAVIDSON

2a. Mailing Address

26 P.O. Box 290037

Suite, Apt. #, etc.

27

City & State

28 NASHVILLE, TN

Zip

29 37229-0037

Country

30 DAVIDSON

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: David F. Bacon, Jr. (printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	WILSON, JAMES P., III	
STREET ADDRESS	2525 C LEBANON RD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	CFOV	<input checked="" type="checkbox"/> DELETE
NAME	BINGHAM, RHONDA	
STREET ADDRESS	2525 C LEBANON RD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	STUMB, THOMAS S.	
STREET ADDRESS	2525 C LEBANON RD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, BILL	
STREET ADDRESS	2525 C LEBANON RD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	STURGEON, JON	
STREET ADDRESS	2525 C LEBANON ROAD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EASON, JOHN	
STREET ADDRESS	2525 LEBANON RD	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID F. BACON, JR.	
1.3 STREET ADDRESS	1283 MURPHESSBORO ROAD	
1.4 CITY-ST-ZIP	NASHVILLE, TN 37217	
2.1 TITLE	EVP OPERATIONS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALL McCLARY	
2.3 STREET ADDRESS	1283 MURPHESSBORO ROAD	
2.4 CITY-ST-ZIP	NASHVILLE, TN 37217	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1283 MURPHESSBORO ROAD	
3.4 CITY-ST-ZIP	NASHVILLE, TN 37217	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 included 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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID F. BACON, JR. 1-16-97 615-843-2500

Date

Daytime Phone

0477007

CR2E034 (9/96)