


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

FILED

Jan 16 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 # P27781 (4)			
1. Corporation Name 222 PARTNERS, INC.			
Principal Place of Business 4400 HARDING RD. STE 500 NASHVILLE TN 37205		Mailing Address 4400 HARDING RD. STE 500 NASHVILLE TN 37205-2223	
2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/19/1990	
22 City & State	27 City & State	3a. Date of Last Report 05/01/1996	
23 Zip	28 Zip	4. FEI Number 62-1291421	
24 Country	29 Country	Applied For <input type="checkbox"/> Not Applicable	
3. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
81 Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)		10. Name and Address of New Registered Agent	
83		84 City	
84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0503 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	EZELL, STEVEN D.		
STREET ADDRESS	4400 HARDING RD. STE 500		
CITY- ST- ZIP	NASHVILLE TN 37205		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	HARTLEY, MICHAEL A.		
STREET ADDRESS	4400 HARDING RD. STE 500		
CITY- ST- ZIP	NASHVILLE TN 37205		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	LEHNING, ROBERT E.		
STREET ADDRESS	4400 HARDING RD. STE 500		
CITY- ST- ZIP	NASHVILLE TN 37205		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	EZELL, W. GERALD		
STREET ADDRESS	4400 HARDING RD. STE 500		
CITY- ST- ZIP	NASHVILLE TN 37205		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	HARTLEY, MICHAEL A.		
STREET ADDRESS	4400 HARDING RD. STE 500		
CITY- ST- ZIP	NASHVILLE TN 37205		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
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 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: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)