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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28256

Darcy Hall, Inc.

FILED May 06 1997 8:00am Secretary of State

Purcipal Blace	o el R e pres	Mailing	Address					
	eith Street, NW		. Box 3480	`				
	-				0400			
CTEAGT	and, TN 37312	CTEA	reland, TN	3/320	-3480			
						3. Date incorporated or Qualified	3a. Date of Last Report	
		1 2 17				2/26/90	7/16/96	
	iacie of Business	}1	ling Address			4. FEI Number 01-451526	Applied For	
21] Suite Apr	# 22	26 Suit	e, Apt. #, etc.			01-451526	Not Applicable	
1	<i>™,</i> € d.	27	e, Apr. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22] City & State			& State			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zφ	Country	Ζιρ	1	Country	/	8. This corporation has liability for in		
24	25	29	[3	30			Yes No	
	9. Name and Address of Curre	nt Registered	Agent .			10. Name and Address of New Reg	istered Agent	
C T Cor	rporation System			81	Name			
				82	Street A	et Address (P.O. Box Number is Not Acceptable)		
1200 South Pine Island Road			<u> </u>					
Planta	tion, FL 33324			83	İ			
				84	City		85 Zip Code	
-,,,,					<u> </u>		FL	
• 11. Pursuant (office or n	to the previsions of Sections 607.05 constered anent, or both, in the Stat	02 and 607.15 e of Floridal Si	i08, Florida Statutes uch chance was au	s, the abov thorized b	e-named of the corp	corporation submits this statement for the pu oration's board of directors. I hereby accept	urpose of changing its registered	
agent Fa	in familiar with, and accept the obli	gations of, Sec	tion 607.0505, Flori	da Statute	\$.			
SIGNATURE								
12.	Signative injuritor professional registered as OF FIGURE A1	OCH and THE Tapp!		Registered Age	ent signature i	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND DIDECTODS IN 19	
1.6.1	CV	40 Dillecton	DELETE	11 TITLE		D and P	Change ve Addition	
NAMi	Carl W. Campbell			1.2 NAME		Fred L. Lester, Jr.	20.000	
STREET ADDRESS	625 Okanogan Avenu	ıe			LADDRESS	7280 Cabbage Creek Cour	· t	
City St zii	Wenatchee, WA			1.4 CITY-5	ls ls	Ponte Vedra Beach, FL	5	
1:10.F	P		☐ DELETE	21 TITLE		VP, S and D	Change Addition	
NAM:	Fred L. Lester, Ji	r.		2 2 NAME		Charles E. Jabaley		
STREET AFORESS	1 APONISS 7280 Cabbage Creek Court			2 3 STREE	ADDRESS :	170 N. Ocoee Street, Suite 301		
O1Y-\$1-7H	Ponte Vedra Beach,	, FL 320	82	2 4 CITY -	ST-ZIP	Cleveland, TN 37311		
l II è	VS		≥ DEL£TE	31 TITLE	•	<u>r</u>	Change Addition	
HASSE	Charles E. Jabaley			3 2 NAME		John P. O'Brien, Jr.		
ST#9 FLAT 06555	STREET AN OBJECT 170 N. Ocoee Street, Suite 301			3 3 STREET	ADDRESS	3750 Keith Street, NW		
OITY 51 ZIP	Cleveland, TN 3731	1		3.4 CITY-	ST-ZIP	Cleveland, TN 37312		
lilı f	VT		DELETE	4.1 TITLE	,		☐ Change ☐ Addition	
NAM	Thomas H. Dye			4. 2 NAME			CS 5/6/97	
SIPHER ALIGNAN	625 Okanogan Stree	et		4.3 STREET	ADDRESS	•	*****/	
001Y 51 Ze	Wenatchee, WA			4.4 CITY - 3	31 - ZIP			
11411	AS		DELE LE	5.1 TITLE			☐ Change ☐ Addition	
SAMI	Cindy Cross			5.2 NAME				
Stratt At 100 sec	3570 Keith Street,	. NW		5.3 STREE	ADDRESS			
CITY 51 ZIP	Cleveland, TN 3731	2		5.4 CITY - S	ST - ZIP			
1011.6			□ DELÊTÊ	6.1 TITLE		30000217	Change Addition	
1.Af2f				6 2 NAME		30000217 -05/08/97010	99017	
5150 DAG 00:55				6 3 STREE	· 1	***165.00		
C18Y 51 7H		_ da 6.5. 0	an dana wat a last	6 4 CITY - S			Mark as a self of the	
- 14. TOS 1 ere:	sy certry that the information suppli	eo with this fild	ng does not qualify	rot the exe	ampuon st	ated in Section 119.07(3)(i), Florida Statutes	i juitner certify that the	

4. For ear by certify that the information supplied with this filling does not quality for the exemption stated in 1950/3/(f). Florida statutes, in 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 have conditioned of the comparation or the receiver or master empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name annuals in Block 12 or Block 13 if managed or on an attainment with an address.

SIGNATURE:

BY:
SIGNATURE AND THE SO OF PRINT O NAME OF SIGNING OFFICER OR DIRECTOR
CINDY . Cross.

May 1, 1997 (4

(423) 399-5161

Oaytime Phone #