

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90053 016 ***150.00

DOCUMENT # P29593

1. Corporation Name

CTI SERVICES, INC.

Principal Place of Business
810 INNOVATION DRIVE
KNOXVILLE TN 37932

Mailing Address
810 INNOVATION DRIVE
KNOXVILLE TN 37932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1990

4. FEI Number

62-1361631

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1220 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCD ☒ DELETE
NAME MONACO, JIM

STREET ADDRESS 810- INNOVATION DRIVE
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE D ☒ DELETE
NAME PERRINE, DON

STREET ADDRESS 810 INNOVATION DRIVE
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE SD ☐ DELETE
NAME MILAN, KELLY

STREET ADDRESS 810 INNOVATION DRIVE
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE D ☒ DELETE
NAME DOUGLASS, TERRY

STREET ADDRESS 810 INNOVATION DRIVE
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE D ☐ DELETE
NAME NUTT, RON

STREET ADDRESS 810 INNOVATION DR
CITY-ST-ZIP KNOXVILLE TN 37932

TITLE ☐ DELETE
NAME

STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE President, Chair - BofD ☒ Change ☐ Addition

1.2 NAME Terry D. Douglass

1.3 STREET ADDRESS 810 Innovation Drive

1.4 CITY-ST-ZIP Knoxville, TN 37932

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Fred Stavek

2.3 STREET ADDRESS 810 Innovation Drive

2.4 CITY-ST-ZIP Knoxville, TN 37932

3.1 TITLE Vice President ☐ Change ☐ Addition

3.2 NAME Michael Templin

3.3 STREET ADDRESS 810 Innovation Drive

3.4 CITY-ST-ZIP Knoxville, TN 37932

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 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:

Michael Templin
Vice President

3/15/99

(423) 966-7539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (11/98)