

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90178 015 ***150.00

DOCUMENT # P36168

1. Corporation Name
TIAS, INC.

Principal Place of Business

4721 MORRISON DRIVE
MOBILE AL 36609
US

Mailing Address

4721 MORRISON DR.
MOBILE AL 36609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1991

4. FEI Number

75-2184881

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BEALL, SANDY
STREET ADDRESS 4721 MORRISON DR.
CITY-ST-ZIP MOBILE AL

TITLE V ☐ DELETE
NAME MCCLENAGAN, ROBERT
STREET ADDRESS 4721 MORRISON DR.
CITY-ST-ZIP MOBILE AL

TITLE VPC ☐ DELETE
NAME SOUTHAL, FRANKLIN E. JR.
STREET ADDRESS 4721 MORRISON DR.
CITY-ST-ZIP MOBILE AL

TITLE V ☐ DELETE
NAME MOTHERSHED, J. RUSSELL
STREET ADDRESS 2016 MARIAN DR.
CITY-ST-ZIP MOBILE AL

TITLE S ☒ DELETE
NAME HUNT, P
STREET ADDRESS 203 TUTHILL LANE
CITY-ST-ZIP MOBILE FL

TITLE S ☒ DELETE
NAME COLE, WALTER
STREET ADDRESS 4721 MORRISON DR.
CITY-ST-ZIP MOBILE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Beall, Sandy
1.3 STREET ADDRESS 150 West Church Avenue
1.4 CITY-ST-ZIP Maryville, TN 37801

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME McClenagan, Robert
2.3 STREET ADDRESS 150 West Church Ave.
2.4 CITY-ST-ZIP Maryville, TN 37801

3.1 TITLE VPC ☒ Change ☐ Addition
3.2 NAME Southall, Franklin E. Jr.
3.3 STREET ADDRESS 150 West Church Ave.
3.4 CITY-ST-ZIP Maryville, TN 37801

4.1 TITLE V ☒ Change ☐ Addition
4.2 NAME Mothershed, J. Russell
4.3 STREET ADDRESS 150 West Church Ave.
4.4 CITY-ST-ZIP Maryville, TN 37801

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME Cronk, Daniel T.
5.3 STREET ADDRESS 150 West Church Ave.
5.4 CITY-ST-ZIP Maryville, TN 37801

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99 423-379-5702

Date

Daytime Phone #

CR2E034 (11/98)