FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:19

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P36807 (6)

1. Corporation Name
C. B. RAGLAND COMPANY

Principal Place of Business
POST OFFICE BOX 40587
NASHVILLE TN 37204

Mailing Address
POST OFFICE BOX 40587
NASHVILLE TN 37204

3. Date Incorporated or Qualified: 12/20/1991
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 62-0333520 ☐ 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

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 ______ NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	V ☐ Change ☐ Addition
NAME	RAGLAND, BILLY	1 2 NAME	Agee, Robert
STREET ADDRESS	1504 MINNEKAHDA RD	1 3 STREET ADDRESS	7647B Lebanon Road
CITY-ST-ZIP	CHATTANOOGA TN	1 4 CITY-ST-ZIP	Mt. Juliet, Tennessee 37122
TITLE	DP	2 1 TITLE	D ☐ Change ☐ Addition
NAME	HAYES, J. MICHAEL	2 2 NAME	Ragland, Mary
STREET ADDRESS	16 LYNNWOOD PL	2 3 STREET ADDRESS	615 Belle Meade Blvd. Apt. 108
CITY-ST-ZIP	NASHVILLE TN	2 4 CITY-ST-ZIP	Nashville, Tennessee 37205
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	RAGLAND, JAMES B., JR.	3 2 NAME	
STREET ADDRESS	2405 VALLEYBROOK DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	3 4 CITY-ST-ZIP	
TITLE	DV	4 1 TITLE	☐ Change ☐ Addition
NAME	TIETGENS, EDWARD R.	4 2 NAME	
STREET ADDRESS	5108 WOODLAND HILLS DR	4 3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN	4 4 CITY-ST-ZIP	
TITLE	DST	5 1 TITLE	☐ Change ☐ Addition
NAME	WALKER, BAKER	5 2 NAME	
STREET ADDRESS	231 GREENHARBOR RD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	OLD HICKORY TN	5 4 CITY-ST-ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	HAYES, JOHN B.	6 2 NAME	
STREET ADDRESS	506 LYNNWOOD BLVD.	6 3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: B. W. Walker — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95 Date

615-255-4622 Daytime Phone #