

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # P36807 (6)
1. Corporation Name
C. B. RAGLAND COMPANY



Principal Place of Business
2720 UGENIA AVE.
NASHVILLE TN 37211

Mailing Address
POST OFFICE BOX 40587
NASHVILLE TN 37204

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 2720 Eugenia Ave.		26		12/20/1991		12/31/1996	
22 Suite, Apt. #, etc.		27		4. FEI Number		Applied For	
23 Nashville, TN		28		62-0333520		Not Appl cable	
24 37211		25 USA		5. Certificate of Status Desired		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	V	1.1 TITLE	
NAME	AGEE, ROBERT	1.2 NAME	Best Arthur C.
STREET ADDRESS	7847B LEBANON ROAD	1.3 STREET ADDRESS	628 Westview Avenue
CITY-ST-ZIP	MT. JULIET TN 37122	1.4 CITY-ST-ZIP	Nashville, TN. 37205
TITLE	D	2.1 TITLE	
NAME	RAGLAND, MARY	2.2 NAME	d/c Hayes, J. Michael
STREET ADDRESS	615 BELLE MEADE BLVD., APT 108	2.3 STREET ADDRESS	10 Lynnwood Drive
CITY-ST-ZIP	NASHVILLE TN 37205	2.4 CITY-ST-ZIP	Nashville, TN. 37205
TITLE	DV	3.1 TITLE	
NAME	RAGLAND, JAMES B., JR.	3.2 NAME	
STREET ADDRESS	2405 VALLEYBROOK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TIETGENS, EDWARD R.	4.2 NAME	
STREET ADDRESS	5145 WALNUT PARK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	
NAME	WALKER, BAKER	5.2 NAME	
STREET ADDRESS	231 GREENHARBOR RD., #125	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLD HICKORY TN 37138	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HAYES, JOHN B	6.2 NAME	
STREET ADDRESS	506 LYNNWOOD BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	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:

B. B. Walker 9/16/97

CR2E034 (4/97)