

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90234 045 ***150.00

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DOCUMENT # P36807

1. Corporation Name

C. B. RAGLAND COMPANY

Principal Place of Business

2720 EUGENIA AVE
NASHVILLE TN 37211
US

Mailing Address

POST OFFICE BOX 40587
NASHVILLE TN 37204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1991

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE
NAME AGEE, ROBERT
STREET ADDRESS 7647B LEBANON ROAD
CITY-ST-ZIP MT. JULIET TN 37122

TITLE D ☒ DELETE
NAME RAGLAND, MARY
STREET ADDRESS 615 BELLE MEADE BLVD., APT 108
CITY-ST-ZIP NASHVILLE TN 37205

TITLE DV ☐ DELETE
NAME RAGLAND, JAMES B., JR.
STREET ADDRESS 2405 VALLEYBROOK DR.
CITY-ST-ZIP NASHVILLE TN 37205

TITLE D ☐ DELETE
NAME TIETGENS, EDWARD R.
STREET ADDRESS 5145 WALNUT PARK DRIVE
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE DST ☐ DELETE
NAME WALKER, BAKER
STREET ADDRESS 231 GREENHARBOR RD., #125
CITY-ST-ZIP OLD HICKORY TN 37138

TITLE D ☐ DELETE
NAME HAYES, JOHN B
STREET ADDRESS 506 LYNNWOOD BLVD.
CITY-ST-ZIP NASHVILLE TN 37205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, CEO ☒ Change ☐ Addition
1.2 NAME J. Michael Hayes
1.3 STREET ADDRESS 10 Lynnwood Lane
1.4 CITY-ST-ZIP Nashville, Tennessee 37205

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 12 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

Date

Daytime Phone #

Baker Walker, Sec. Treas. 3/2/99 615-258-4627

CR2E034 (11/98)