

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P37069** (2)

1. Corporation Name  
**FERGUSON HARBOUR, INCORPORATED**



Principal Place of Business: **340 ROCKLAND ROAD HENDERSONVILLE TN 37075**  
Mailing Address: **340 ROCKLAND ROAD HENDERSONVILLE TN 37075**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/07/1992**  
3a. Date of Last Report: **06/30/1995**  
4. FEI Number: **62-1028718**  
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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 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 on title page) (NOTE: Registered Agent signature required when filing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BAILEY, KEITH F.	
STREET ADDRESS	340 ROCKLAND RD.	
CITY-STATE-ZIP	HENDERSONVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARLTON, WILL D.	
STREET ADDRESS	340 ROCKLAND RD.	
CITY-STATE-ZIP	HENDERSONVILLE TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COLLINS, CAROL	
STREET ADDRESS	340 ROCKLAND RD.	
CITY-STATE-ZIP	HENDERSONVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BAILEY, KEITH F.	
STREET ADDRESS	340 ROCKLAND ROAD	
CITY-STATE-ZIP	HENDERSONVILLE TN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STONE, CHARLES W.	
STREET ADDRESS	340 ROCKLAND ROAD	
CITY-STATE-ZIP	HENDERSONVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary
3.3 STREET ADDRESS	William Sims
3.4 CITY-STATE-ZIP	340 Rockland Road Hendersonville, TN 37075
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(k), 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, unchanged or on an attachment with the address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96  
Date: \_\_\_\_\_  
(615) 822-3295  
Telephone Number: \_\_\_\_\_

CR2E034 (12/95)