

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P37069 (2)**  
1. Corporation Name  
**FERGUSON HARBOUR, INCORPORATED**

Principal Place of Business <b>340 ROCKLAND ROAD HENDERSONVILLE TN 37075</b>	Mailing Address <b>P.O. BOX 1256 HENDERSONVILLE TN 37077-1256</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26 <b>340 Rockland Road</b>		01/07/1992		62-1028718		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 City & State		28 <b>Hendersonville TN</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Zip		29 <b>37075</b>		30 <b>Summer</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, KEITH F.</b>	1.2 NAME	
STREET ADDRESS	<b>340 ROCKLAND RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>EVP</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLTON, WILL D.</b>	2.2 NAME	<b>VP Operations</b>
STREET ADDRESS	<b>340 ROCKLAND RD.</b>	2.3 STREET ADDRESS	<b>Kevin G Stranley</b>
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	2.4 CITY-ST-ZIP	<b>340 Rockland Road</b>
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DICKERSON, ORION</b>	3.2 NAME	<b>Comp Council Secretary</b>
STREET ADDRESS	<b>340 ROCKLAND ROAD</b>	3.3 STREET ADDRESS	<b>Gerry Crownover</b>
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	3.4 CITY-ST-ZIP	<b>340 Rockland Road</b>
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAILEY, KEITH F.</b>	4.2 NAME	
STREET ADDRESS	<b>340 ROCKLAND ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STONE, CHARLES W.</b>	5.2 NAME	<b>VP Business Development</b>
STREET ADDRESS	<b>340 ROCKLAND ROAD</b>	5.3 STREET ADDRESS	<b>Mike Hextall</b>
CITY-ST-ZIP	<b>HENDERSONVILLE TN</b>	5.4 CITY-ST-ZIP	<b>340 Rockland Road</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>CFO</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Orion Dickerson</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>340 Rockland Road</b>
			<b>Hendersonville TN 37075</b>

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 unchanged, or on an attachment with an address.

SIGNATURE: *Gerry Crownover* **Gerry Crownover** 3/17/98

CR2E034 (10/97)