

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
Secretary of State

011607

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37081

(7)

1. Corporation Name

U. S. CORRECTIONS CORPORATION

Principal Place of Business
2500 SEVENTH STREET ROAD
LOUISVILLE KY 40208

Mailing Address
2500 SEVENTH STREET ROAD
LOUISVILLE KY 40208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

61-1066900

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 10 Burton Hill Boulevard

26 10 Burton Hills Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27 Suite 100

City & State

City & State

23 Nashville, TN

28 Nashville, TN

Zip

Zip

Country

Country

24 37215

29 37215

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELL, SAMUEL P
C/O COBB, COLE, AND BELL
131 N. GADSDEN STREET
TALLAHASSEE FL 32301

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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 and by acceptance of the appointment as registered agent, I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Mary R. Adams

MARY R. ADAMS
ASSISTANT SECRETARY

7.21.98

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

CD THOMPSON, MILTON D.

☒ DELETE

STREET ADDRESS

2500 SEVENTH ST. RD.

CITY-ST-ZIP

LOUISVILLE FL

TITLE

PD MCQUEEN, ROBERT B.

☒ DELETE

STREET ADDRESS

2500 SEVENTH ST. RD.

CITY-ST-ZIP

LOUISVILLE FL

TITLE

STD HARBIN, GARY

☒ DELETE

STREET ADDRESS

2500 SEVENTH ST. ROAD

CITY-ST-ZIP

LOUISVILLE KY 40208

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/C

☐ Change ☒ Addition

1.2 NAME

Doctor R. Crants

1.3 STREET ADDRESS

10 Burton Hills Boulevard

1.4 CITY-ST-ZIP

Nashville, TN 37215

2.1 TITLE

D/P

☐ Change ☒ Addition

2.2 NAME

D. Robert Crants

2.3 STREET ADDRESS

10 Burton Hills Boulevard, Suite 100

2.4 CITY-ST-ZIP

Nashville, TN 37215

3.1 TITLE

D/V

☐ Change ☒ Addition

3.2 NAME

Michael W. Devlin

3.3 STREET ADDRESS

10 Burton Hills Boulevard, Suite 100

3.4 CITY-ST-ZIP

Nashville, TN 37215

4.1 TITLE

S/T

☐ Change ☒ Addition

4.2 NAME

Vida H. Carroll

4.3 STREET ADDRESS

10 Burton Hills Boulevard, Suite 100

4.4 CITY-ST-ZIP

Nashville, TN 37215

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.

SIGNATURE:

Vida H. Carroll

(615) 263-0200

Date

Daytime Phone #

CR2E034 (5/98)