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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Scoretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

**SIGNATURE:** 

P39321

(5)

TRENDAR		DATION
IRPNIJAR	LIMPL	IHA I II IN

Principal Place of Business Mailing Address					1	i 1981 dibil bibil 498:	IL MUNTE MINNY DINIT INNY		
SUITE C SUNASHVILLE TN 37217 NA		suite c Nashville ti	IASHVILLE TN 97217		Date Incorporated or Qualified	3a. Date of La	act Banort		
US US						06/19/1992	1	1/1995	
2. Principal Pla	ce of Business	2a. Mailing Addre	ess			4. FEI Number	1	Applied For	
21		26				62-1188267	<u>,,                                   </u>	Not Applicable	
Suite, Apt #	, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	<u> </u>	1.75 Additional Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be	
:⊌}	Country	Zip	Co	untry				Added to Fees	
24	25	29	30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and Address of Current	Flegistered Agent				10. Name and Address of New Re	egistered Agen		
				81 Na	me				
	RPORATION SYSTEM			82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable	e)		
1200 SOUTH PINE ISLAND ROAD									
PLANTA	TION FL 33324			83					
				<b>84</b> Cit	у		FL 85	Zip Code	
11 Personal to	the provisions of Sections 607 0502	and 607 1508. Elorida	Statutes the sh	0/9-0300	d corrorat	tion submits this statement for the purp		its registered office	
or registere	d agent, or both, in the State of Floridi	i. Such change was a	authorized by the	corporation	on's board	of directors. I hereby accept the appo	sintment as regist	ered agent, I an	
	), and riddept the obligations of, Section	m buz.usus, rionoa s	statutes.						
SIGNATURE s	Agreed were sypport on provided memory of regardenced agreed a	nd little if applicable	(NOTE: Flog stere	d Agent signa	rtire required v	vhen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI			
THEF	P	(X) DELE	TE 1. 1	TITLE	F	PCCE0	Cha	inge 🔲 Addition	
NAME	BETANCOURT, ERNEST B		1.2 N	IAME		George L. McTavish			
STREET AUGRESS	1655 MURFREESBORO ROAI	)	1.3 \$	STREET ADOR	ESS E	5301 Maryland Way			
C-TY-S1-ZP	NASHVILLE TN			ITY - ST - ZIP	E	Brentwood, TN 37027			
THE	SVP Krow, gary a	[] DELE	1				☐ Cna	inge [ Addition	
NAME STREET ADDRESS	1655 MURFREESBORO ROAI	1	228						
CITY-SI-ZP	NASHVILLE TN	,		STREET ADDRI CITY-ST-ZIP	1.55				
TILE	EVPC	DELE					Cha	inge [ ] Add:tion	
NAM:	HANSON, DENNIS R	_	3 2 N	IAME					
STREET ADDRESS	1655 MURFREESBORO ROAI	)	33 5	STHEET ADDR	ESS				
CITY ST ZIE	NASHVILLE TN		340	DITY - ST - ZIP					
TOLE	VPS	☐ DELE	TE 4.11	TITLE			Cha	nge 🔲 Addition	
NAMa	voysey, peter d		42 N	IAME					
STREET ADDRESS	1655 MURFREESBORO ROA	)	435	STREET ADDR	F \$S			·	
CHY-S1-ZIP	NASHVILLE TN	ED brut		CITY-ST-ZIP					
THE	VP	☐ DELE	_ ·				☐ Cha	inge 🔲 Addition	
NAM:	PITTMAN, J. R 1655 MURFREESBORO ROAI	<b>,</b>		IAME					
STREET ADORESS	NASHVILLE TN	,		REET ADOR	155				
DITY-ST-700	T	DELF		CITY+ST-ZIP Title			[ ] Cha	inge Addition	
NAME	KRIBBS, ROBERT E	had	62 N				الما الما	-8- <u>-1</u> 200-000	
STREET ADORESS	1655 MURFREESBORO ROA	)		STREET ADOR	ESS				
CHY St-ZIF	NASHVILLE TN	_		DITY-ST-ZIP					
14. I do hereby	certify that the information supplied w	th this filing is volunta	irily furnished and	does not	qualify for	the exemption stated in Section 119.0	07(3)(k), Florida S	tatutes. I further	
oath; that I	the information indicated on this annua am an officer or director of the oprion Block 12 or Block 13 if	ation or the receiver o	r trustee empowe	is true an ered to ex	a accurate ecute this i	and that my signature shall have the s report as required by Chapter 607, Flo	same legal effect irida Statutes; an	as if made under d that my name	

Peter D. Voysey 2/12/96 (615) 370-7267