

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90130 008 ***150.00

DOCUMENT # P39744

1. Corporation Name

BRIGHT INTERESTS, INC.



Principal Place of Business

**537 MARKET STREET
SUITE 400
CHATANOOGA TN 37402
US**

Mailing Address

**537 MARKET STREET
SUITE 400
CHATTANOOGA TN 37402
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1992

4. FEI Number

62-1500274

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

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 CPT ☐ DELETE

NAME **BRIGHT, FLETCHER**
STREET ADDRESS **537 MARKET STREET, SUITE 400**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE VS ☐ DELETE

NAME **DAVIS, PATRICE I.**
STREET ADDRESS **537 MARKET STREET, SUITE 400**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE AS ☐ DELETE

NAME **GUILD, JEFFREY W.**
STREET ADDRESS **537 MARKET STREET, SUITE 400**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE VAS ☐ DELETE

NAME **BRIGHT, GEORGE**
STREET ADDRESS **537 MARKET STREET, SUITE 400**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE VAS ☐ DELETE

NAME **BROWN, JAMES A.**
STREET ADDRESS **537 MARKET STREET, SUITE 400**
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

Patrice I. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrice I. Davis, Vice President

February 8, 1999 423-755-8830

Date

Daytime Phone #

CR2E034 (11/98)

05/23/91