

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

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Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000001380 (4)  
1. Corporation Name  
MT EQUITY CORP.



Principal Place of Business 1629 WINCHESTER ROAD MEMPHIS TN 38116 US	Mailing Address 1629 WINCHESTER ROAD MEMPHIS TN 38116 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1992	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3159649	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LOWER, BRIAN T 8505 WEST IRLO BRONSON MEMORIAL HIGHWAY KISSIMMEE FL 34747-8201				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)				83	
DATE				84 City	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE				1.1 TITLE	
2. NAME				1.2 NAME	
3. STREET ADDRESS				1.3 STREET ADDRESS	
4. CITY - ST - ZIP				1.4 CITY - ST - ZIP	
5. TITLE				2.1 TITLE	
6. NAME				2.2 NAME	
7. STREET ADDRESS				2.3 STREET ADDRESS	
8. CITY - ST - ZIP				2.4 CITY - ST - ZIP	
9. TITLE				3.1 TITLE	
10. NAME				3.2 NAME	
11. STREET ADDRESS				3.3 STREET ADDRESS	
12. CITY - ST - ZIP				3.4 CITY - ST - ZIP	
13. TITLE				4.1 TITLE	
14. NAME				4.2 NAME	
15. STREET ADDRESS				4.3 STREET ADDRESS	
16. CITY - ST - ZIP				4.4 CITY - ST - ZIP	
17. TITLE				5.1 TITLE	
18. NAME				5.2 NAME	
19. STREET ADDRESS				5.3 STREET ADDRESS	
20. CITY - ST - ZIP				5.4 CITY - ST - ZIP	
21. TITLE				6.1 TITLE	
22. NAME				6.2 NAME	
23. STREET ADDRESS				6.3 STREET ADDRESS	
24. CITY - ST - ZIP				6.4 CITY - ST - ZIP	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILSON, ROBERT A 1629 WINCHESTER ROAD MEMPHIS TN	1.1 TITLE	(See Attached Sheet)
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VPT PETTEY, JOHN III 1629 WINCHESTER ROAD MEMPHIS TN	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	VP WITHERINGTON, JIM 1629 WINCHESTER ROAD MEMPHIS TN	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	S WALLIN, R.E. 1629 WINCHESTER RD. MEMPHIS TN	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D WILSON, KEMMONS J 1629 WINCHESTER ROAD MEMPHIS TN	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D MOORE, BETTY W 1629 WINCHESTER ROAD MEMPHIS TN	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Sandra B. Mortham* 1/28/98 1901346-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0496742

CR2E034 (1097)

**MT EQUITY  
(FEI # 59-3159649)**

**1629 Winchester Road  
Memphis, TN 38116**

Spence Wilson	D
Robert A. Wilson	D/P
Betty Wilson Moore	D
Jim Wintherington	D/V
John H. Pettey III	V/T
R.E. Wallin	S
William Batt	Asst. T/Asst. S
Amy Jarreau	Asst.T/Asst. S

D=Director, C=Chairman, P=President, V=Vice President, S=Secretary, T=Treasurer,  
Asst.=Assistant