

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000041934 (8)**

1. Corporation Name

DAVIS STOKES CHILTON COLLABORATIVE, INC.



Principal Place of Business

Mailing Address

**5300 NORTHWEST 33RD AVENUE
SUITE 206
FT. LAUDERDALE FL 33309**

**5300 NORTHWEST 33RD AVENUE
SUITE 206
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMERON, DAVID
1876 NORTH UNIVERSITY DRIVE
STE. 308H
PLANTATION FL 33322**

81 Name

BARRY OLIVER

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

5300 NORTHWEST 33RD AVENUE

83

SUITE 206

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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

Barry L. Oliver

Barry L. Oliver

2/26/96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P
CHILTON, IRA A**
STREET ADDRESS **3406 BYRON AVENUE**
CITY-STATE-ZIP **NASHVILLE TN**

TITLE ☐ DELETE

NAME **VP
DAVIS, JOHN W**
STREET ADDRESS **1045 FAIRFIELD PIKE**
CITY-STATE-ZIP **SHELBYVILLE TN N**

TITLE ☐ DELETE

NAME **ST
STOKES, WILLIE O**
STREET ADDRESS **5800 GREENBRIER RD.**
CITY-STATE-ZIP **FRANKLIN TN**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Willie O. Stokes

1.3 STREET ADDRESS

**5800 Greenbrier Road
Franklin, TN 37064**

1.4 CITY-STATE-ZIP

2.1 TITLE

Treasurer

☒ Change ☐ Addition

2.2 NAME

John W. Davis

2.3 STREET ADDRESS

**211 Wildcreek Road
Shelbyville, TN 37160**

2.4 CITY-STATE-ZIP

3.1 TITLE

Secretary

☒ Change ☐ Addition

3.2 NAME

Ira A. Chilton

3.3 STREET ADDRESS

3506 Byron Avenue

3.4 CITY-STATE-ZIP

Nashville, TN 37205

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Ira A. Chilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ira A. Chilton Secretary

1/30/96

Date

615-320-0001

Daytime Phone #

CR2E034 (12/95)