FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078199 (4)**

1. Corporation Name

NEWSONE, INC.

Principal Place of Business	Mailing Address
15951 MCGREGORY BLVD SUITE 2D FT MYERS FL 33908	15951 MCGREGORY BLVD SUITE 2D FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1994

3a. Date of Last Report: FIRST REPORT

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0535126 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / 29 — Country — 25 / 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELLS, TERESA
15951 MCGREGORY BLVD
SUITE 2D
FT MYERS FL 33908

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 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman of the Board/Directo	11 TITLE	Vice President/Director ☐ Change ☐ Addition
NAME	Frank A. Woods	12 NAME	Ashley B. Woods
STREET ADDRESS	631 Second Avenue, South	13 STREET ADDRESS	631 Second Avenue, South
CITY-ST-ZIP	Nashville, Tennessee 37210	14 CITY-ST-ZIP	Nashville, Tennessee
TITLE	President/Director	21 TITLE	Treasurer and Asst. Secretary ☐ Change ☐ Addition
NAME	W. Paul Cowell	22 NAME	Teresa Wells
STREET ADDRESS	8205 Walker Road	23 STREET ADDRESS	15951 McGregor Blvd. Suite 2D
CITY-ST-ZIP	Knoxville, Tennessee 37938	24 CITY-ST-ZIP	Fort Myers, Fla. 33908
TITLE	Vice President/Director	31 TITLE	Secretary and Asst. Treasurer ☐ Addition
NAME	Jean Cowell	32 NAME	Vivian L. Hamilton
STREET ADDRESS	8205 Walker Road	33 STREET ADDRESS	631 Second Avenue, South
CITY-ST-ZIP	Knoxville, Tennessee 37938	34 CITY-ST-ZIP	Nashville, Tennessee 37210
TITLE	Vice President/Director	41 TITLE	☐ Change ☐ Addition
NAME	Kevin Cowell	42 NAME	
STREET ADDRESS	8205 Walker Road	43 STREET ADDRESS	
CITY-ST-ZIP	Knoxville, Tennessee 37938	44 CITY-ST-ZIP	
TITLE	Vice President/Director	51 TITLE	☐ Change ☐ Addition
NAME	Jayne Ann Woods	52 NAME	
STREET ADDRESS	631 Second Avenue, South	53 STREET ADDRESS	
CITY-ST-ZIP	Nashville, Tennessee 37210	54 CITY-ST-ZIP	
TITLE	Vice President/Director	61 TITLE	☐ Change ☐ Addition
NAME	Grayson N. Woods	62 NAME	
STREET ADDRESS	701 West Locust St. Apt. 32	63 STREET ADDRESS	
CITY-ST-ZIP	Johnson City, Tennessee 37604	64 CITY-ST-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)(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: Teresa H. Wells Treasurer & Asst. Sec. 4/27/95 (813) 482-7969
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

TERESA H. WELLS

000107 CR