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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000012272 (5)

OKALOOSA FLORIDA GP. INC.

Principal Place of Business Mailing Address ONE PARK PLAZA ONE PARK PLAZA **NASHVILLE TN 37203** NASHVILLE TN 37203 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 Zip Code City 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 DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS W.12 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE 1.1 TITLE -BRAUN, STEPHEN T-1.2 NAME Franck, John M. NAME ONE PARK PLAZA STREET ADDRESS 1.3 STREET ADDRESS NASHVILLE TN 37203 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE ■ Addition 2.1 TITLE SVAT DONAHEY, KENNETH C 2.2 NAME NAME ONE PARK PLAZA 2.3 STREET ADDRESS STREET ADDRESS **NASHVILLE TN 37203** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change Change TITLE 3.1 TITLE ELTON, ROSALYN S 3.2 NAME NAME ONE PARK PLAZA STREET ADDRESS 3.3 STREET ADDRESS NASHVILLE TN 37203 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change II or on an attachment with an address or on an attachment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

FILED

May 01 1998 8:00am

Secretary of State