

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 # S35255 (6)
1. Corporation Name
NORTH FLORIDA REGIONAL INVESTMENTS, INC.



Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address
**P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/28/1991	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1460304	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
				FL			

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V
NAME	MOEN, DANIEL J.	1.2 NAME	Johnson, R. Milton
STREET ADDRESS	ONE PARK PLAZA	1.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE	DSOS	2.1 TITLE	D/V
NAME	BRAUN, STEPHEN	2.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	V/T
NAME	DIORENZO, JOSEPH L.	3.2 NAME	David Colby
STREET ADDRESS	ONE PARK PLAZA	3.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	Nashville TN 37203
TITLE	DSV	4.1 TITLE	
NAME	SCHWEINHART, RICHARD A.	4.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	
NAME	DAUGHERTY, BETTYE D	5.2 NAME	
STREET ADDRESS	ONE PARK PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	S
NAME	SWAIN, DON D	6.2 NAME	John M. Franck
STREET ADDRESS	ONE PARK PLAZA	6.3 STREET ADDRESS	One Park Plaza
CITY-ST-ZIP	NASHVILLE TN	6.4 CITY-ST-ZIP	Nashville TN 37203

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 on an attachment with an address

SIGNATURE: _____ **John Franck** 3-29-96 (615) 327-9551
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)