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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. M.
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S39385

(7)

47-AR
CM

1. Corporation Name

ALLDARON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P O BOX 8000 50523

CLEARWATER FL 34630-8000

Nashville, TN 37205

~~P O BOX 8000~~

~~CLEARWATER FL 34630-8000~~

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 50523

22

27

City & State

City & State

23

28

Nashville, TN

24

Zip

Country

Zip

Country

25

29

37205

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/15/1991

3a. Date of Last Report

01/23/1996

4. FEI Number

59-3071564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

PERRY, CHARLES
1100 CLEVELAND STREET
SUITE 900
CLEARWATER FL 34615

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 607.1508, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KNEWITZ, ELSA
STREET ADDRESS 500 OSCEOLA AVENUE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME D KNEWITZ, JOCHEN
STREET ADDRESS 500 OSCEOLA AVENUE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 3910 Brick Church Pke
1.3 STREET ADDRESS P.O. Box 50523
1.4 CITY-ST-ZIP Nashville, TN 37205

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 3910 Brick Church Pke
2.3 STREET ADDRESS P.O. Box 50523
2.4 CITY-ST-ZIP Nashville, TN 37205

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 008002259020-2
3.3 STREET ADDRESS -08/06/97-01033-012
3.4 CITY-ST-ZIP *****165.00 *****165.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

[Signature]

1-13-97 / (615) 868-0030

CR2E034 (9/96)