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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S83514 (7)

1. Corporation Name
DEERING MARKETING AND COMMUNICATION SERVICES, IN
C.

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37202
US

Mailing Address

P.O. BOX 570
ATT: TAX DEPT.
NASHVILLE TN 37202-0570
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 750

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
10/15/1996

4. FEI Number

65-0241221 65-0449576

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FLEETWOOD, JIM
STREET ADDRESS 7975 N.W. 154TH ST., #400-A
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE S ☐ DELETE
NAME FRANCK, JOHN M II
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE SVPD ☐ DELETE
NAME BRAUN, STEPHEN T
STREET ADDRESS 201 WEST MAIN STREET
CITY-ST-ZIP LOUISVILLE FL 40202

TITLE VP ☐ DELETE
NAME JOHNSON, MILTON R
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE T ☐ DELETE
NAME ANDERSON, DAVID G
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

TITLE VPD ☐ DELETE
NAME ELTON, ROSALYN
STREET ADDRESS ONE PARK PLAZA
CITY-ST-ZIP NASHVILLE TN 37203

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Fleetwood, Jim
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0476813

CR2E034 (9/96)