

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832851

Entity Name: I.C. THOMASSON ASSOCIATES, INC.**Current Principal Place of Business:**2950 KRAFT DR
NASHVILLE, TN 37204-3623**Current Mailing Address:**2950 KRAFT DR
NASHVILLE, TN 37204-3623 US**FEI Number:** 62-0721262**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SR. VP
Name HARVILLE, J. CLIFF
Address 6906 PULL TIGHT HILL RD.
City-State-Zip: COLLEGE GROVE TN 37046

Title T, COO
Name TINNELL, WILLIAM T
Address 1657 RACHEL WAY
City-State-Zip: OLD HICKORY TN 37138

Title P, CEO
Name WIMBERLY, J. J. IV
Address 2950 KRAFT DRIVE
City-State-Zip: NASHVILLE TN 37204

Title S, VP
Name BECK, BARRY N
Address 2950 KRAFT DRIVE #500
City-State-Zip: NASHVILLE TN 37204

Title VP
Name KIRBY, T SHANE
Address 2950 KRAFT DRIVE
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR
Name JOHNSON, J BOYD
Address 2950 KRAFT DRIVE
City-State-Zip: NASHVILLE TN 37204

Title DIRECTOR
Name FARNHAM, CHARLES
Address 104 E CHEROKEE STREET
City-State-Zip: BROOKHAVEN MS 39601

Title DIRECTOR
Name BARBE, PHILLIP D
Address 2950 KRAFT DR
City-State-Zip: NASHVILLE TN 37204-3623

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JILL JOHNSON**COMPLIANCE****01/15/2020**

Electronic Signature of Signing Officer/Director Detail

Date