

2025 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	CEO
Name	WIMBERLY, J. J. IV
Address	2950 KRAFT DR
City-State-Zip:	NASHVILLE TN 37204-3623

Title	TREASURER, VP
Name	BECK, BARRY N
Address	2950 KRAFT DR
City-State-Zip:	NASHVILLE TN 37204-3623

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

Title	VP, SECRETARY
Name	JOHNSON, J BOYD
Address	2950 KRAFT DR
City-State-Zip:	NASHVILLE TN 37204-3623

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: T. SHANE KIRBY**PRESIDENT****02/05/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date