

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14081

Entity Name: AVISCO, INC.**Current Principal Place of Business:**1005 CLARENCE LARSEN DR.
OAK RIDGE, TN 37830**Current Mailing Address:**PO BOX 51683
KNOXVILLE, TN 37950 US**FEI Number:** 62-1143234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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	PD
Name	PHILLIPS, AVIS A
Address	1005 CLARENCE LARSEN DRIVE
City-State-Zip:	OAK RIDGE TN 37830

Title	TD
Name	SHULER, C. LAMAR JR
Address	10201 PARKSIDE DRIVE
City-State-Zip:	KNOXVILLE TN 37922

Title	VD
Name	HAMPTON, JERRY L
Address	1005 CLARENCE LARSEN DRIVE
City-State-Zip:	OAK RIDGE TN 37830

Title	SECRETARY
Name	LAIL, MICHAEL E
Address	1005 CLARENCE LARSEN DR.
City-State-Zip:	OAK RIDGE TN 37830

Title	VD
Name	CARPENTER, MITCH
Address	1005 CLARENCE LARSEN DRIVE
City-State-Zip:	OAK RIDGE TN 37830

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: AVIS A PHILLIPS

PD

04/24/2014

Electronic Signature of Signing Officer/Director Detail_____
Date