

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 807570 (7)

1. Corporation Name

HAILEY -W. L.- AND COMPANY, INC.



Principal Place of Business

2971 KRAFT DRIVE
NASHVILLE TENNESSEE 37204

Mailing Address

2971 KRAFT DRIVE
NASHVILLE TENNESSEE 37204

3. Date Incorporated or Qualified
03/10/1948

3a. Date of Last Report
06/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
62-0222930

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 the date that

2001 Registered Agent Signature request which is stating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOODS, RANDALL	
STREET ADDRESS	2971 KRAFT DR	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLER, DAVID GEORGE	
STREET ADDRESS	1809 KINGSBURY DR	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, ALEX	
STREET ADDRESS	2971 KRAFT DR	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATES, EDEL	
STREET ADDRESS	482 BRENTVIEW HILLS DR	
CITY - ST - ZIP	NASHVILLE TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BATTAN, THOMAS A	
STREET ADDRESS	1896 SHAMROCK DR	
CITY - ST - ZIP	BRENTWOOD TN	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WOODSON, RAYMOND E	
STREET ADDRESS	2971 KRAFT DR	
CITY - ST - ZIP	NASHVILLE TN	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOE JAMES	
1.3 STREET ADDRESS	408 RITCHIE DRIVE	
1.4 CITY - ST - ZIP	NASHVILLE TN 37220	
2.1 TITLE	STEPHEN A FORD VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEPHEN A FORD	
2.3 STREET ADDRESS	5118 SHADY PLACE	
2.4 CITY - ST - ZIP	BRENTWOOD TN 37027	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/25/96 DATE 615 255 3161 OFFICE PHONE #

CR2E034 (12/95)