

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Feb 20 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 # 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 37204-3610**

3. Date Incorporated or Qualified: **03/10/1948-07/31/25** 3a. Date of Last Report: **05/01/1996**  
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

2. Principal Place of Business: 21 State Apt. #: etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE: <b>D</b>	NAME: <b>WOODS, RANDALL</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>2971 KRAFT DR</b>	CITY-STATE-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>PD</b>	NAME: <b>WALLER, DAVID GEORGE</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>1809 KINGSBURY DR</b>	CITY-STATE-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>D</b>	NAME: <b>STEELE, ALEX</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>2971 KRAFT DR</b>	CITY-STATE-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>S</b>	NAME: <b>JAMES, JOU</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>408 RITCHIE DR</b>	CITY-STATE-ZIP: <b>NASHVILLE TN</b>	
TITLE: <b>T</b>	NAME: <b>BATTAN, THOMAS A</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>1896 SHAMROCK DR</b>	CITY-STATE-ZIP: <b>BRENTWOOD TN</b>	
TITLE: <b>VPO</b>	NAME: <b>WOODSON, RAYMOND E</b>	DELETED: <input type="checkbox"/>
STREET ADDRESS: <b>2971 KRAFT DR</b>	CITY-STATE-ZIP: <b>NASHVILLE TN</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
42 NAME: <b>James, Joy</b>	
43 STREET ADDRESS: <b>408 Ritchie Drive</b>	
44 CITY-STATE-ZIP: <b>Nashville, TN 37220</b>	
51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
62 NAME: <b>VP Stephen Ford</b>	
63 STREET ADDRESS: <b>8118 Shady Place</b>	
64 CITY-STATE-ZIP: <b>Brentwood, TN 37027</b>	

14 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 I changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/97** (615) 255-3161

CR2E034 (9/96)