

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # **855321** (6)

1. Corporation Name
CHOCTAW, INC.

Principal Place of Business
**1975 NONCONNAH BLVD
MEMPHIS TN 38132
US**

Mailing Address
**P.O. BOX 2057
MEMPHIS TN 38101-2057
US**



3. Date Incorporated or Qualified **01/24/1983** 3a. Date of Last Report **04/19/1996**

4. FEI Number **62-0158340** Applied For ☐ Not Applicable ☐

6. 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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, E.E.	
STREET ADDRESS	1975 NONCONNAH BLVD.	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINLEN III, WILLIAM	
STREET ADDRESS	1975 NONCONNAH BLVD	
CITY - ST - ZIP	MEMPHIS TN 38132	
TITLE	P	<input type="checkbox"/> DELETE
NAME	QUINLEN, WILLIAM III	
STREET ADDRESS	1975 NONCONNAH BLVD.	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COVIN, ELAINE M.	
STREET ADDRESS	1975 NONCONNAH BLVD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELLMAN, A.V.	
STREET ADDRESS	1975 NONCONNAH BLVD	
CITY - ST - ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONDON, K.R.	
STREET ADDRESS	1975 NONCONNAH BLVD.	
CITY - ST - ZIP	MEMPHIS TN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	WALTERS, H.E.
5.4 CITY - ST - ZIP	1975 NONCONNAH BLVD.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MEMPHIS, TN 38132
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Elaine M. Covin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1997 901/346-1400

CR2E034 (9/96)