

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855321

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
US**

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90034 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1983

4. FEI Number
62-0158340

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ 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

25

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D NOLAN, J**
STREET ADDRESS **1975 NONCONNAH BLVD**
CITY-ST-ZIP **MEMPHIS TN 38132**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D QUINLEN III, WILLIAM**
STREET ADDRESS **1975 NONCONNAH BLVD**
CITY-ST-ZIP **MEMPHIS TN 38132**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P QUINLEN, WILLIAM III**
STREET ADDRESS **1975 NONCONNAH BLVD.**
CITY-ST-ZIP **MEMPHIS TN**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T COVIN, ELAINE M.**
STREET ADDRESS **1975 NONCONNAH BLVD**
CITY-ST-ZIP **MEMPHIS TN**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D WALTERS, H E**
STREET ADDRESS **1975 NONCONNAH BLVD**
CITY-ST-ZIP **MEMPHIS TN**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **Lawrence Coles**
5.4 CITY-ST-ZIP **1975 Nonconnah Blvd.**

TITLE ☐ DELETE
NAME **S CONDON, K.R.**
STREET ADDRESS **1975 NONCONNAH BLVD.**
CITY-ST-ZIP **MEMPHIS TN**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Secretary**
6.3 STREET ADDRESS **John S. McClintic**
6.4 CITY-ST-ZIP **1975 Nonconnah Blvd.**

14. I 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, with all other like empowered.

SIGNATURE:

Elaine M. Covin
Signature and Typed or Printed Name of Signing Officer or Director
Elaine M. Covin, Treasurer

January 29, 1999 901/346-1400

Date

Daytime Phone #

CR2E034 (11/98)