

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000003417

**Entity Name:** J.A. FIELDEN CO., INC.

**Current Principal Place of Business:**

530 W. FIFTH AVENUE  
KNOXVILLE, TN 37917

**Current Mailing Address:**

PO BOX 3278  
KNOXVILLE, TN 37927

**FEI Number:** 62-1490411

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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	CP	Title	VCS
Name	FIELDEN, JOSEPH A	Name	WILLIAMSON, MARK E
Address	530 W. FIFTH AVENUE	Address	530 W. FIFTH AVENUE
City-State-Zip:	KNOXVILLE TN 37197	City-State-Zip:	KNOXVILLE TN 37197

*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:** MARK E. WILLIAMSON

**SECRETARY**

**01/07/2015**

Electronic Signature of Signing Officer/Director Detail

Date