


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000003417 1. Entity Name J.A. FIELDEN CO., INC.	
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Principal Place of Business 530 W. FIFTH AVENUE KNOXVILLE, TN 37197	Mailing Address PO BOX 3278 KNOXVILLE, TN 37927
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**DO NOT WRITE IN THIS SPACE**



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1490411	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP FIELDEN, JOSEPH A 530 W. FIFTH AVENUE KNOXVILLE, TN 37197
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS WILLIAMSON, MARK E 530 W. FIFTH AVENUE KNOXVILLE, TN 37197
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SUTTON, SAMUEL D 530 W. FIFTH AVENUE KNOXVILLE, TN 37197
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00000006514  
 01/16/04-R0037-026 158.75

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Mark E Williamson* 1/12/04 865.523.0508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #