


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 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 37917 | Mailing Address PO BOX 3278 KNOXVILLE, TN 37927 |
|---|---|

DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 62-1490411 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | CP |
| NAME | FIELDEN, JOSEPH A |
| STREET ADDRESS | 530 W. FIFTH AVENUE |
| CITY-ST-ZIP | KNOXVILLE, TN 37197 |
| TITLE | VCS |
| NAME | WILLIAMSON, MARK E |
| STREET ADDRESS | 530 W. FIFTH AVENUE |
| CITY-ST-ZIP | KNOXVILLE, TN 37197 |
| TITLE | DVP |
| NAME | SUTTON, SAMUEL D |
| STREET ADDRESS | 530 W. FIFTH AVENUE |
| CITY-ST-ZIP | KNOXVILLE, TN 37197 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 02/01/08-80023-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Williamson **MARK WILLIAMSON** 1-24-08 865-523-0508 X12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #