

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90526 037 ***150.00

DOCUMENT # F93000003800

1. Entity Name
KENNETH O. LESTER COMPANY, INC.

Principal Place of Business 245 CASTLE HEIGHTS AVENUE NORTH LEBANON TN 37087	Mailing Address 245 CASTLE HEIGHTS AVENUE NORTH LEBANON TN 37087
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **62-0458264** Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOFFMAN, THOMAS	
STREET ADDRESS	1931 ROANOKE DRIVE	
CITY-ST-ZIP	LEBANON TN 37087	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILTON, PATRICK A	
STREET ADDRESS	108 SOUTH FORK DRIVE	
CITY-ST-ZIP	LEBANON-TN 37087	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUET, NATHAN	
STREET ADDRESS	6800 PARAGON PLACE	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEELY, P. S	
STREET ADDRESS	1418 PALMER ROAD	
CITY-ST-ZIP	LEBANON TN 37090	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLEDD, ROBERT C	
STREET ADDRESS	213 COLONY LAKE DRIVE	
CITY-ST-ZIP	RICHMOND VA 23233	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, C. M	
STREET ADDRESS	2624 LACLEDE AVENUE	
CITY-ST-ZIP	RICHMOND VA 23233	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **2/13/01** Daytime Phone #: **615 444-9901**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)