

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001437 (1)
 1. Corporation Name
O.J.T. LAND MANAGEMENT COMPANY, INC.



Principal Place of Business 4325 AMNICOLA HWY. CHATTANOOGA TN 37406	Mailing Address 4325 AMNICOLA HWY. CHATTANOOGA TN 37406-1014
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1995	3a. Date of Last Report 04/19/1996
21 537 Market St.,	26 537 Market St.,	4. FEI Number 62-1568933		Applied For Not Applicable	
22 Suite 25	27 Suite 25	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Chattanooga, TN	28 Chattanooga, TN	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 37402	25 Hamilton	29 37402		30 Hamilton	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81 Name
				82 Street Address (P.O. Box Number is Not Acceptable)
				83
				84 City
				85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ (NON-Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES E	1.2 NAME	
STREET ADDRESS	4325 AMNICOLA HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37406	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, T K	2.2 NAME	
STREET ADDRESS	4325 AMNICOLA HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37406	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, LINDA	3.2 NAME	
STREET ADDRESS	4325 AMNICOLA HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHATTANOOGA TN 37406	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Linda Love* M. Linda Love 3-7-97 (423) 634-5002

CR2E034 (9/96)