

**FILE NOW: FILING FEE AFTER MAY 1, IS \$225.00**

1-2

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P34113 (1)**  
1. Corporation Name  
**T & H SERVICE MERCHANDISERS, INC.**



Principal Place of Business Mailing Address

P. O. BOX 428  
1200 BURRIS ROAD  
NEWTON NC 28658  
US

P. O. BOX 428  
1200 BURRIS ROAD  
NEWTON NC 28658  
US

2. Principal Place of Business

21 P.O. Box 428  
Suite, Apt. #, etc.  
22 1200 BURRIS ROAD  
City & State  
23 NEWTON, NC  
Zip 28658 Country USA

2a. Mailing Address

26 P.O. Box 428  
Suite, Apt. #, etc.  
27 1200 BURRIS ROAD  
City & State  
28 NEWTON, NC  
Zip 28658 Country USA

3. Date Incorporated or Qualified **05/01/1991** 3a. Date of Last Report **05/01/1995**

4. FEI Number **56-1438609** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No

g. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature typed or printed name of registered agent (state separately) \_\_\_\_\_ (Date) Registered Agent signature required when re-issuing \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BENTLER, JOSEPH M.	
STREET ADDRESS	3051 N. CHURCH ST.	
CITY-ST-ZIP	ROCKY MOUNT NC	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FLATEN, ALFRED N.	
STREET ADDRESS	7600 FRANCE AVENUE SOUTH STE 200	
CITY-ST-ZIP	EDINA MN 55435	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SOLAND, NORMAN R.	
STREET ADDRESS	7600 FRANCE AVENUE SOUTH STE 200	
CITY-ST-ZIP	EDINA MN 55435	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NASH, ROBERT F.	
STREET ADDRESS	7600 FRANCE AVENUE SOUTH STE 200	
CITY-ST-ZIP	EDINA MN 55435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN & CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM B. SANSOM	
1.3 STREET ADDRESS	502 S. GAY ST., ST 300	
1.4 CITY-ST-ZIP	FIDELITY BUILDING, KNOXVILLE, TENN 37901	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	B. E. FRANCE	
2.3 STREET ADDRESS	502 S. GAY ST., ST 300	
2.4 CITY-ST-ZIP	FIDELITY BUILDING, KNOXVILLE, TENN 37901	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MISSIE GUGLIOTTA	
3.3 STREET ADDRESS	502 S. GAY ST., ST 300	
3.4 CITY-ST-ZIP	FIDELITY BUILDING, KNOXVILLE, TENN 37901	
4.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL D. MORTON	
4.3 STREET ADDRESS	502 S. GAY ST., ST 300	
4.4 CITY-ST-ZIP	FIDELITY BUILDING, KNOXVILLE, TENN 37901	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001894173	
5.3 STREET ADDRESS	-07/16/96--01042--010	
5.4 CITY-ST-ZIP	***225.00	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-96 423/546-1291  
7/15/92

CR2E034 (12/95)



**T & H  
SERVICE  
MERCHANTISERS,  
INC.**

P34113

22

OFFICERS NAME	TITLE	SOCIAL SEC. #	BIRTH
WILLIAM B SANSOM FIDELITY BUILDING 502 SOUTH GAY STREET, SUITE 300 KNOXVILLE, TENNESSEE 37902	CHAIRMAN & CEO	412-66-0716	07/17/41
B.E. FRANCE FIDELITY BUILDING 502 SOUTH GAY STREET, SUITE 300 KNOXVILLE, TENNESSEE 37902	PRESIDENT	407-36-2216	03/31/31
MISSIE GUGLIOTTA FIDELITY BUILDING 502 SOUTH GAY STREET, SUITE 300 KNOXVILLE, TENNESSEE 37902	SECRETARY	412-98-9704	05/08/67
MICHAEL D. MORTON FIDELITY BUILDING 502 SOUTH GAY STREET, SUITE 300 KNOXVILLE, TENNESSEE 37902	ASST. SECRETARY	409-17-6876	07/22/57