

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39744** (8)

1. Corporation Name
BRIGHT INTERESTS, INC.



Principal Place of Business
**537 MARKET STREET
SUITE 400
CHATANOOGA TN 37402
US**

Mailing Address
**537 MARKET STREET
SUITE 400
CHATANOOGA TN 37402
US**

3. Date Incorporated or Qualified **07/23/1992** 3a. Date of Last Report **06/15/1995**

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29 Zip Country

4. FEI Number **62-1500274** 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

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, FLETCHER	1.2 NAME	
STREET ADDRESS	537 MARKET STREET, SUITE 400	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHATANOOGA TN	1.4 CITY - ST - ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, PATRICE I.	2.2 NAME	
STREET ADDRESS	537 MARKET STREET, SUITE 400	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHATANOOGA TN	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILD, JEFFREY W.	3.2 NAME	
STREET ADDRESS	537 MARKET STREET, SUITE 400	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHATANOOGA TN	3.4 CITY - ST - ZIP	
TITLE	VAS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGHT, GEORGE	4.2 NAME	
STREET ADDRESS	537 MARKET STREET, SUITE 400	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHATANOOGA TN	4.4 CITY - ST - ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JAMES A.	5.2 NAME	
STREET ADDRESS	537 MARKET STREET, SUITE 400	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHATANOOGA TN	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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

6-7-96 **752-0129**

CR2E034 (3/96)