FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:28

DOCUMENT # 838130 (3)

1. Corporation Name
JOHN D. STEPHENS, INC.

Principal Place of Business	Mailing Address
1899 PARKER COURT STONE MOUNTAIN GA 30087	1899 PARKER COURT STONE MOUNTAIN GA 30087

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1977	3a. Date of Last Report: 02/22/1994
4. FEI Number: 58-0963356	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S	☒ Change ☐ Addition
NAME	STEPHENS, REBECCA B	12 NAME	Beard, Jane H.	
STREET ADDRESS	4395 SHILOH RIDGE TR	13 STREET ADDRESS	6145 Pine Circle	
CITY-ST-ZIP	LITHONIA, GA 00000	14 CITY-ST-ZIP	Flowery Branch, GA 30542	
TITLE	T	21 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JOHN D	22 NAME		
STREET ADDRESS	4395 SHILOH RIDGE TR	23 STREET ADDRESS		
CITY-ST-ZIP	LITHONIA, GA 00000	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	STEPHENS, JOHN D	32 NAME		
STREET ADDRESS	4395 SHILOH RIDGE TR	33 STREET ADDRESS		
CITY-ST-ZIP	LITHONIA, GA 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	STEPHENS, REBECCA B	42 NAME		
STREET ADDRESS	4395 SHILOH RIDGE TR	43 STREET ADDRESS		
CITY-ST-ZIP	LITHONIA, GA 00000	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	V/D	☒ Change ☐ Addition
NAME	STEPHENS, MICHAEL D.	52 NAME	Stephens, Michael D.	
STREET ADDRESS	3454 JOHNSON RD	53 STREET ADDRESS	3454 Johnson Rd	
CITY-ST-ZIP	LOGANVILLE GA	54 CITY-ST-ZIP	Loganville, GA	
TITLE	V	61 TITLE	V/D	☒ Change ☐ Addition
NAME	STEPHENS, MARK D.	62 NAME	Stephens, Mark D.	
STREET ADDRESS	2001 OAK BRANCH WAY	63 STREET ADDRESS	2001 Oak Branch Way	
CITY-ST-ZIP	STONE MOUNTAIN GA	64 CITY-ST-ZIP	Stone Mountain, GA	

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)(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 added by an attachment with an address.

SIGNATURE: [signature] February 8, 1995 404 972-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390570 FP