

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 10:07

DOCUMENT # 838703

(7)

1. Corporation Name

JOHN S. JAMES CO.

Principal Place of Business

144 DRAYTON STREET
P.O. BOX 2166
SAVANNAH GA 31498

Mailing Address

144 DRAYTON STREET
P.O. BOX 2166
SAVANNAH GA 31498

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1977

3a. Date of Last Report

09/23/1994

4. FEI Number

58-1276963

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

7. This corporation has liability for intangible tax under S. 195.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

HUDSON, KAREN M.
1739 E 11TH STREET
JACKSONVILLE FL 32208

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JAMES, THOMAS C JR
STREET ADDRESS	6795 GRAVES MILL DR
CITY - ST - ZIP	NORCROSS GA
TITLE	PD
NAME	JAMES, JOHN WM.
STREET ADDRESS	138 BROWN PELICAN LN DR
CITY - ST - ZIP	SAVANNAH GA.
TITLE	XXXXXXXXXXXXXXXXXXXX
NAME	XXXXXXXXXXXXXXXXXXXX James III
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX
TITLE	XXXXXXXXXXXXXXXXXXXX
NAME	XXXXXXXXXXXXXXXXXXXX Blount
STREET ADDRESS	XXXXXXXXXXXXXXXXXXXX
CITY - ST - ZIP	XXXXXXXXXXXXXXXXXXXX
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Now V.P. and Secretary	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Now Pres. & Treasurer	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Removed from office	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Removed from office	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

John S. James

President

03/24/95 (912)232-0211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Officer's Phone #