

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

**APPROVED
AND
FILED**

95 APR 18 PM 6:18

DOCUMENT # P30434 (5)

1. Corporation Name
R.A. JONES & CO. INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
2701 CRESCENT SPRINGS ROAD COVINGTON KY 41017

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1990	3a. Date of Last Report 03/22/1994
21		26		4. FEI Number 61-0240920	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
				30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New 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	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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTCH, ARTHUR E.	1.2 NAME	D
STREET ADDRESS	2701 CRESCENT SPRINGS RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTCH, MARGARET	2.2 NAME	
STREET ADDRESS	2701 CRESCENT SPRINGS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOEHLINGER, ALLEN W.	3.2 NAME	
STREET ADDRESS	2701 CRESCENT SPRINGS RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSSENBACH, WILLIAM R	4.2 NAME	
STREET ADDRESS	2701 CRESCENT SPRINGS RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTCH, DAVID W.	5.2 NAME	
STREET ADDRESS	2701 CRESCENT SPRINGS RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, PAUL R.	6.2 NAME	
STREET ADDRESS	2701 CRESCENT SPRINGS RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	COVINGTON KY	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 110.07(3)(b), 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

Jones

R.A. JONES & CO. INC.

...MORE THAN JUST MACHINE BUILDERS

130434
Mail Address: P.O. Box 485, Cincinnati, Ohio 45201
Plant: 2701 Crescent Springs Rd., Covington, Ky. 41017
Phone: (606) 341-0400
Facsimile: (606) 341-0519

ADDITIONAL DIRECTORS:

ARTHUR E. MOTCH III
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

MARTHA W. JONES
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

JOHN WHITE
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

EMILY WHITE
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

CATHERINE WIEBOLD
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

PATRICK HINDERT - CHAIRMAN
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

ADDITIONAL OFFICERS:

DANIEL C. AMANN
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

JOHN L. FINCK
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017

RICHARD SCHAEFFER
2701 CRESCENT SPRINGS ROAD
COVINGTON, KY 41017