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CORPORATION
ANNUAL REPORT
1995



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848992 (4)

1. Corporation Name

STANLEY JONES, CORPORATION

Principal Place of Business

P.O. BOX 5260
SOUTH FULTON TN 38257
US

Mailing Address

P.O. BOX 5260
SOUTH FULTON TN 38257
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

02/04/1994

4. FEI Number

62-0722294

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required.

6. Election Campaign Financing

\$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

21 119 Morris Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5

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

(APPLICANT: Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JONES, JOHN C.
STREET ADDRESS 7079 JONES LANE
CITY- ST- ZIP SOUTH FULTON TN

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ST
NAME MILNER, MICHAEL G
STREET ADDRESS 119 MORRIS
CITY- ST- ZIP SOUTH FULTON TN

2.1 TITLE Change Addition
2.2 NAME Stanley G. Jones II
2.3 STREET ADDRESS 119 Morris Street
2.4 CITY- ST- ZIP South Fulton, TN 38257

TITLE V
NAME FRAZIER, GEORGE
STREET ADDRESS WELLS AVENUE
CITY- ST- ZIP FULTON KY

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME NEWTON, JAMES
STREET ADDRESS 1210 BROOKWOOD CIRCLE
CITY- ST- ZIP FULTON KY

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME BARCLAY, TED
STREET ADDRESS ROUTE 5, BOX 345
CITY- ST- ZIP SOUTH FULTON TN

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ST
NAME MILNER, MICHAEL G
STREET ADDRESS RT. 1 BOX 28
CITY- ST- ZIP FULTON KY

6.1 TITLE Change Addition
6.2 NAME CFO/Assistant S/T Michael G. Milner
6.3 STREET ADDRESS 119 Morris Street
6.4 CITY- ST- ZIP South Fulton, TN 38257

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)(b), Florida Statutes. I further certify that the information included 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 addition.

SIGNATURE:

Michael G. Milner

Michael G. Milner

1/11/95

(901) 479-2311

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE