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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	Santa 2	9/	DIVISION (OF CORPO	RATIO	ONS					
Corporation		848992	2	(4)								
STANI	LEY JONES, C	ORPORATION						l	I (Be iri Addi Biddi ibidd 1810 18	 0 01 Bigis Bigis Bigis Bis		' <u>a Bibi) babel ab</u> ol
nopal Place	of Business	· · · · · · · · · · · · · · · · · · ·	Mail	ing Address								
119 MORRIS				P.O. BOX 5260								
south ful Us	TON TN 38257		\$	OUTH FULTON TN	38257							
00			U	IS				t	3. Date Incorporated or Qualified	3a. Date of L	ast R	eport
Principal Pia	ace of Business	····	2a N	Mailing Address			·		04/30/1981	01/2	3/19	95
			26	Maling Address					4. FEI Number 62-0722294		-	Applied For
Suite, Apt 4	#, etc.			Suite, Apt. #, etc.						<u> </u>		Not Applicable Additional
O. a			27			·			5. Certificate of Status Desired			Required
Oity & State	•		F	Dity & State					6. Election Campaign Financing	\$	5.0	0 May Be
<u>-</u> Žip		untry	28	7 _{ID}	Co	untry			Trust Fund Contribution		Adde	to Fees
	25	,	29		30	uritiy			B. This corporation has liability for Florida Statutes Yes	intangible tax und S 🌠 No	ders	199.032,
	9. Name and Ad	dress of Current R	Registe	red Agent				1	IO. Name and Address of New I		t	
						81	Name					
	RPORATION SYST PINE ISLAND RO					82	Street A	Address	(P.O. Box Number is Not Acceptal	ole)		
	TION FL 33324	JAD				83						
	1110H FL 33324											
PLANTA												
Pursuant to	o the provisions of S ed agent, or both, in o, and accept the of	ections 607.0502 an the State of Florida oligations of, Section	nd 607.1 Such cl 607.05	1508, Florida Statu hange was authori 05, Florida Statute	ites, the abo ized by the o	84 Ove-na corpo	City amed co oration's	orporation board of	n submits this statement for the pur directors. I hereby accept the app	rpose of changing ointment as regis		Code egistered offic agent. I am
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appears in Block 12 or Block 13 if charged, or or an attachment with an address.

SIGNATURE: Michael 6. Whicher CFo Michael G. Milner 3496

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Description of the register or trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or an attachment with an address.

SIGNATURE: Michael 6. Whicher CFo Michael 6. Milner 3496

Date

Date

Date

Date

Date

Description

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