

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 848992

(4)

1. Corporation Name

STANLEY JONES, CORPORATION

Principal Place of Business

119 MORRIS STREET
SOUTH FULTON TN 38257
US

Mailing Address

P.O. BOX 5260
SOUTH FULTON TN 38257
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

01/23/1995

4. FEI Number

62-0722294

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

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

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

(NOTE: Registered Agent signature required when registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------|----------------------|--------------------------------------|---------------------------------|------|----------------|-----------------|-------|------|----------------|-----------------|-------|------|----------------|-----------------|
| | PD | JONES, JOHN C. | 7079 JONES LANE SOUTH FULTON TN | <input type="checkbox"/> DELETE | | | | | | | | | | | |
| | ST | JONES, STANLEY II G. | 119 MORRIS STREET SOUTH FULTON TN | <input type="checkbox"/> DELETE | | | | | | | | | | | |
| | V | FRAZIER, GEORGE | WELLS AVENUE FULTON KY | <input type="checkbox"/> DELETE | | | | | | | | | | | |
| | D | NEWTON, JAMES | 1210 BROOKWOOD CIRCLE FULTON KY | <input type="checkbox"/> DELETE | | | | | | | | | | | |
| | D | BARCLAY, TED | ROUTE 5, BOX 345 SOUTH FULTON TN | <input type="checkbox"/> DELETE | | | | | | | | | | | |
| | CAST | MILNER, MICHAEL G. | 119 MORRIS STREET SOUTH FULTON TN | <input type="checkbox"/> DELETE | | | | | | | | | | | |

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

Michael G. Milner CFO Michael G. Milner

3496

901 4772311

Date

Daytime Phone #

CR2E034 (12/95)