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FILED

**Jan 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 38257-0260 US**

3. Date Incorporated or Qualified: **04/30/1981**
3a. Date of Last Report: **03/13/1996**
4. FEI Number: **62-0722294**
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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JONES, JOHN C.
STREET ADDRESS	7079 JONES LANE
CITY-ST-ZIP	SOUTH FULTON TN
TITLE	STV <input type="checkbox"/> DELETE
NAME	JONES, STANLEY II G.
STREET ADDRESS	RT 2 BOX 323
CITY-ST-ZIP	SOUTH FULTON TN
TITLE	V <input type="checkbox"/> DELETE
NAME	FRAZIER, GEORGE
STREET ADDRESS	WELLS AVENUE
CITY-ST-ZIP	FULTON KY
TITLE	V <input type="checkbox"/> DELETE
NAME	NEWTON, JAMES
STREET ADDRESS	1210 BROOKWOOD CIRCLE
CITY-ST-ZIP	FULTON KY
TITLE	V <input type="checkbox"/> DELETE
NAME	BARCLAY, TED
STREET ADDRESS	ROUTE 5, BOX 345
CITY-ST-ZIP	SOUTH FULTON TN
TITLE	CAST <input type="checkbox"/> DELETE
NAME	MILNER, MICHAEL G.
STREET ADDRESS	119 MORRIS STREET
CITY-ST-ZIP	SOUTH FULTON TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or on an attachment with an address.

SIGNATURE: *Michael G. Milner* **Michael G. Milner** 1/17/97 901.479.2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)