

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90046 001 ***150.00

DOCUMENT # 848992

1. Entity Name

STANLEY JONES, CORPORATION

Principal Place of Business

Mailing Address

119 MORRIS STREET
 SOUTH FULTON TN 38257
 US

P.O. BOX 5260
 SOUTH FULTON TN 38257-0260
 US



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 62-0722294 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|-----------|--|----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | | | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | | | FL | | Zip Code | |
| | | | | | | | | | | | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement, and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|------------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JONES, JOHN C. | | | NAME | | | |
| STREET ADDRESS | 7079 JONES LANE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SOUTH FULTON TN 38257 | | | CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JONES, STANLEY II G. | | | NAME | | | |
| STREET ADDRESS | RT 2 BOX 323 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SOUTH FULTON TN 38257 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FRAZIER, GEORGE | | | NAME | | | |
| STREET ADDRESS | WELLS AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | FULTON KY | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARCLAY, TED | | | NAME | | | |
| STREET ADDRESS | ROUTE 5, BOX 345 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SOUTH FULTON TN | | | CITY-ST-ZIP | | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MILNER, MICHAEL G. | | | NAME | | | |
| STREET ADDRESS | 119 MORRIS STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SOUTH FULTON TN | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael G. Milner Michael G. Milner 4/12/00 901.479.2300