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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **856804** (0)

1. Corporation Name
J.A. JONES CONSTRUCTION COMPANY

Principal Place of Business

**8060 J.A. JONES DR
ATTN. TAX DEPARTMENT
CHARLOTTE NC 28287**

Mailing Address

**8060 J.A. JONES DR
ATTN. TAX DEPARTMENT
CHARLOTTE NC 28287-0001**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/16/1983	3a. Date of Last Report 05/01/1996
		4. FEI Number 56-1231345		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	FL
05 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DAVIDSON, CHARLES T.	1.2 NAME	DAVIDSON, CHARLES T.
STREET ADDRESS	3908 MOORLAND DR.	1.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	CHARLOTTE, NC 28287
TITLE	S	2.1 TITLE	S
NAME	COOKSEY, NEIL C.	2.2 NAME	COOKSEY, NEIL C.
STREET ADDRESS	2321 BLAKEFORD LANE	2.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP	CHARLOTTE NE	2.4 CITY - ST - ZIP	CHARLOTTE, NC 28287
TITLE	VD	3.1 TITLE	VD
NAME	BOWDEN, JAMES A.	3.2 NAME	
STREET ADDRESS	2720 FLINTGROVE RD	3.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	CHARLOTTE, NC 28287
TITLE	VPC	4.1 TITLE	VC
NAME	SMITH, JAMES C.	4.2 NAME	SMITH, JAMES C.
STREET ADDRESS	2354 ERIKA LANE	4.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP	GASTONIA NC	4.4 CITY - ST - ZIP	CHARLOTTE, NC 28287
TITLE	VD	5.1 TITLE	VD
NAME	WOLF, JACK J.	5.2 NAME	WOLF, JACK J.
STREET ADDRESS	3616 MOORLAND DRIVE	5.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP	CHARLOTTE NC	5.4 CITY - ST - ZIP	CHARLOTTE, NC 28287
TITLE		6.1 TITLE	VD
NAME		6.2 NAME	COTTON, JAMES
STREET ADDRESS		6.3 STREET ADDRESS	6060 J.A. JONES DRIVE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	CHARLOTTE, NC 28287

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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