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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

8080 J.A. JONES DR  
ATTN. TAX DEPARTMENT  
CHARLOTTE NC 28287

Mailing Address

8080 J.A. JONES DR  
ATTN. TAX DEPARTMENT  
CHARLOTTE NC 28287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/16/1983	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 56-1231345	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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
9. Name and Address of Current Registered Agent				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 date 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	
NAME	DAVIDSON, CHARLES T.	1.2 NAME	
STREET ADDRESS	8080 J.A. JONES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	COOKSEY, NEIL C.	2.2 NAME	
STREET ADDRESS	8080 J.A. JONES DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	BOWDEN, JAMES A.	3.2 NAME	
STREET ADDRESS	2720 FLINTGROVE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	3.4 CITY-ST-ZIP	
TITLE	VPC	4.1 TITLE	
NAME	SMITH, JAMES C.	4.2 NAME	
STREET ADDRESS	8080 J.A. JONES DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GASTONIA NC	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	WOLF, JACK J.	5.2 NAME	Woolf, Jack J.
STREET ADDRESS	8080 J.A. JONES DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	COTTON, JAMES	6.2 NAME	
STREET ADDRESS	8080 J.A. JONES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	6.4 CITY-ST-ZIP	

14. 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 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:

*Neil C. Cooksey*

Neil C. Cooksey/Secretary

4/22/98

704-553-3074

CR2E034 (10/97)