

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90026 004 \*\*\*158.75

044324

**DOCUMENT # 856804**  
 1. Entity Name  
**J.A. JONES CONSTRUCTION COMPANY**

Principal Place of Business <b>6060 J.A. JONES DR          ATTN. TAX DEPARTMENT          CHARLOTTE NC 28287</b>	Mailing Address <b>6060 J.A. JONES DR          ATTN. TAX DEPARTMENT          CHARLOTTE NC 28287</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>56-1231345</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HAMBRIGHT, ROBERT B J.A. JONES DR CHARLOTTE NC 28287</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S COOKSEY, NEIL C. J.A. JONES DR. CHARLOTTE NE 28287</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BOWDEN, JAMES A. J.A. JONES DR CHARLOTTE NC 28287</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC SMITH, JAMES C. J.A. JONES DR CHARLOTTE NC 28287</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED LISTING OF COMPLETE OFFICERS AND DIRECTORS</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHN D. BOND III J.A. JONES DRIVE CHARLOTTE, NC 28287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY JOHN W. SPRINGER J.A. JONES DRIVE CHARLOTTE, NC 28287</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT/CONTROLLER KRIS E. PHILLIPS J.A. JONES DRIVE CHARLOTTE, NC 28287</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kris E. Phillips* **KRIS E. PHILLIPS VP/CONTROLLER** **3/6/01** **704-553-3074**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # 856804  
 3747  
 J. A. JONES CONSTRUCTION COMPANY

LIST OF OFFICERS & DIRECTORS  
 EFFECTIVE DECEMBER 15, 1999

NAME	TITLE	OFFICE ADDRESS
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**OFFICERS**

JOHN D. BOND III	PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JAMES ALVIN BOWDEN	TREASURER	J.A. JONES DR., CHARLOTTE NC 28287
JAMES COPELAND SMITH	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JAMES EDWARD CAPP	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
MICHAEL JAMES FLANIGAN	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
MICHAEL BANKS GWYN	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
CARSON LEE HUNEYCUTT	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
EDWARD MICHAEL RUANE	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
DOUGLAS G. SICKLE	VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
SCOTT M. PRICE	SR. VICE PRESIDENT	J.A. JONES DR., CHARLOTTE NC 28287
JOHN WHATLEY SPRINGER	VICE PRESIDENT & SECRETARY	J.A. JONES DR., CHARLOTTE NC 28287
KRIS EDWARD PHILLIPS	VICE PRESIDENT & CONTROLLER	J.A. JONES DR., CHARLOTTE NC 28287

**DIRECTORS**

JAMES A. BOWDEN	DIRECTOR	J.A. JONES DR., CHARLOTTE NC 28287
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FED ID 56-1231345  
 UPDATED 2/15/01