

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004571 (5)**

1. Corporation Name  
**J SUPPLY CO.**



Principal Place of Business <b>PO BOX 5464 ROME GA 30162-5464</b>	Mailing Address <b>PO BOX 5464 ROME GA 30162-5464</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/02/1994</b>	3a. Date of Last Report <b>03/12/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-1047836</b>	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81. Name	<b>CHARLES L. SHERMER</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>J SUPPLY CO INC</b>		
83. City	<b>U.S. HWY 1 NORTH</b>		
84. City	<b>HILLIARD</b>	85. Zip Code	<b>FL 32046</b>

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 **CHARLES L. SHERMER** (NOTE: Registered Agent signature required when reinstating) DATE **1-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC REEVES, J B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1187 HERMITAGE ROAD	1.2 NAME	
STREET ADDRESS	ROME GA 30161	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	ST JONES, JOEL L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	304 EAST 2ND AVENUE	2.2 NAME	
STREET ADDRESS	ROME GA 30161	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	D JONES, JOEL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	304 EAST 2ND AVENUE	3.2 NAME	
STREET ADDRESS	ROME GA 30161	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VD SELF, JOHN G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	214 ROLLING OAK DRIVE	4.2 NAME	
STREET ADDRESS	ROME GA 30165	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: **JOHN G SELF** DATE: **1-17-97** DAYTIME PHONE: **706 235 3321**

CR2E034 (9/96)