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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90048 033 ***150.00

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DOCUMENT # **F95000002999**

1. Corporation Name
JONES BROS., INC., OF TENNESSEE

Principal Place of Business	Mailing Address
5760 OLD LEBANON DIRT ROAD MT JULIET TN 37122	P.O. BOX 727 MT. JULIET TN 37121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/21/1995

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 62-0721049 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GLASS, JAMES
6161 BLUE LAGOON DRIVE
STE 350
MIAMI FL 33126

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	MCCULLOCH, M D		1.2 NAME	M.E. HUBBARD	
STREET ADDRESS	818 MORELAND HILLS DR.		1.3 STREET ADDRESS	629 DesMoines Drive	
CITY-ST-ZIP	MT JULIET TN 37122		1.4 CITY-ST-ZIP	Hermitage TN 37076	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCULLOCH, ROBERT S		2.2 NAME		
STREET ADDRESS	1030 SMITH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEBANON TN 37087		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POMEROY, ANNE B		3.2 NAME		
STREET ADDRESS	405 LOUVIERS LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OLD HICKORY TN		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BEASLEY, JAMES C		4.2 NAME		
STREET ADDRESS	2800 GLENN OAKS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN 37214		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HINSON, KEVIN W		5.2 NAME		
STREET ADDRESS	500 BEECH CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BURNS TN 37029		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PENDLETON, MANN R		6.2 NAME		
STREET ADDRESS	227 KENNETT RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	OLD HICKORY TN 37138		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, with all other like empowered.

SIGNATURE: M E Hubbard 6/1/99 615-773-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)