

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002999

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



Principal Place of Business
**5760 OLD LEBANON DIRT ROAD
MT JULIET, TN 37122**

Mailing Address
**P.O. BOX 727
MT. JULIET, TN 37121**

DO NOT WRITE IN THIS SPACE



07222004 No Chg-P CR2E034 (10/03)

4. FEI Number
62-0721049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCCULLOCH, M D
818 MORELAND HILLS DR.
MT JULIET, TN 37122**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MCCULLOCH, ROBERT S
1030 SMITH RD.
LEBANON, TN 37087**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MCGREEVY, ROBERT E
203 MOORHILL AVE
SMYRNA, TN 37167**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SULLIVAN, TOM
518 KIPPLING WAY
DURHAM, NC 27713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HINSON, KEVIN W
500 BEECH CT.
BURNS, TN 37029**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
MARTIN, ROGER C
6637 STANDING BAY RD
COLUMBUS, GA 31904**

U000000169359
08/04/04-80004-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X R. Eric McHenry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-04

Date

615-773-3153

Daytime Phone #