

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

**FILED**

**May 08 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000000475 (1)**

1. Corporation Name  
**GEORGE B. JONES & CO., P.C.**



Principal Place of Business  
**5860 RIDGEWAY CENTER PKWY #300  
MEMPHIS TN 38120**

Mailing Address  
**5860 RIDGEWAY CENTER PKWY #300  
MEMPHIS TN 38120-4031**

3. Date Incorporated or Qualified <b>01/29/1996</b>	3a. Date of Last Report
4. FEI Number <b>62-1552399</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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**BURKE, ROBERT C JR  
KIMPTON, BURKE, & WHITE, P.A.  
2805 US 19 N #100  
CLEARWATER FL 34621**

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	RAY, DON E	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	NOKES, RICHARD W	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPENCER, THOMAS H	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALTWASSER, JORG	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT C III	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 its 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 an attachment with an address.

SIGNATURE: *Jorg Kaltwasser* **JORG KALTWASSER** Date: **4/30/97** Daytime Phone #: **901 684 2271**

CR2E034 (9/96)