

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/29/1996**

4. FEI Number: **62-1552399** Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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	Country
24	Country	29	Zip
25		30	Country

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 **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: _____ (NOTE: Registered Agent's signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, DON E	1.2 NAME	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOKES, RICHARD W	2.2 NAME	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCER, THOMAS H	3.2 NAME	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALTWASSER, JORG	4.2 NAME	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ROBERT C III	5.2 NAME	
STREET ADDRESS	5860 RIDGEWAY CENTER PKWY #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, trustee, or person 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 my address.

SIGNATURE: *Jorg Kaltwasser* **Jorg Kaltwasser** 4/30/98 901 684-2277
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 045655

CR2E034 (10/97)