

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14099 (6)
 1. Corporation Name
JONES TRACTOR AND EQUIPMENT COMPANY, INC.



Principal Place of Business U.S. 19 SOUTH THOMASVILLE GA 31792	Mailing Address P.O. BOX 1306 THOMASVILLE GA 31799
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1987	
21 Suits, Apt. #, etc.	22 City & State	26 Suits, Apt. #, etc.	27 City & State	4. FEI Number 58-1198697	Applied For Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, E. EARL RT 7 BOX 352-C TALLAHASSEE FL 32308				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 **Thomas S. Jones, Vice-Pres.** *Thomas S. Jones, Jr.* **21 April 98**
Signature, typed or printed name of registered agent and firm if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, THOMAS S., JR.	1.2 NAME	
STREET ADDRESS	1792 GATLIN CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, KIM B	2.2 NAME	
STREET ADDRESS	10050 U.S. 19 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, E. EARL	3.2 NAME	
STREET ADDRESS	RT 7 BOX 352-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, FRANCES S.	4.2 NAME	
STREET ADDRESS	2303 GATLIN CREEK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, THOMAS S SR.	5.2 NAME	
STREET ADDRESS	2303 GATLIN GREEK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASVILLE GA 31792	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 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: *Thomas S. Jones, Jr.*

CR2E034 (10/97)