FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19066** **(0)**

1. Corporation Name
JASPER CORP.

Principal Place of Business	Mailing Address
500 BEACON PARKWAY WEST P.O. BOX 12404 BIRMINGHAM AL 35202-9404	500 BEACON PARKWAY WEST P.O. BOX 12404 BIRMINGHAM AL 35202-9404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/29/1988**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **51-0308719** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

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	PD	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSEY, WALTER F.	12 NAME	
STREET ADDRESS	500 BEACON PARKWAY W.	13 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	14 CITY ST ZIP	
TITLE	VS	21 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM B.	22 NAME	
STREET ADDRESS	500 BEACON PARKWAY W.	23 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	LONG, WILLIAM B.	32 NAME	
STREET ADDRESS	500 BEACON PARKWAY W.	33 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walter F. Johnsey 6/30/95 205-942-9100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0465225 FP