CORPORATION

ANNUAL REPORT

1995

Secretary of State

DIVISION OF CORPORATIONS

95 MAY -1 AM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23375 (9)

1. Corporation Name

J.A. JONES MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
J A JONES DR. [illegible] CHARLOTTE NC 28287 US	J A JONES DR [illegible] CHARLOTTE NC 28287 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1989

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 6135 Park South Drive
Suite, Apt. #, etc.
22 Suite 250
City & State
23 Charlotte, NC
Zip 24 28210 Country 25 USA

2a. Mailing Address
26 6135 Park South Drive
Suite, Apt. #, etc.
27 Suite 250
City & State
28 Charlotte, NC
Zip 29 28210 Country 30 USA

4. FEI Number: 56-1243834 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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	NEFFGEN, ALFRED V.	12 NAME		
STREET ADDRESS	[illegible]	13 STREET ADDRESS	6135 Park South Drive, Suite 250	
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP		
TITLE	[illegible]	21 TITLE		☒ Change ☐ Addition
NAME	[illegible]	22 NAME		
STREET ADDRESS	[illegible]	23 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE	SD	☒ Change ☐ Addition
NAME	BARNES, BETTY J.	32 NAME		
STREET ADDRESS	[illegible]	33 STREET ADDRESS	6135 Park South Drive, Suite 250	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP		
TITLE	TX	41 TITLE	TD	☒ Change ☐ Addition
NAME	[illegible]	42 NAME	Watkins, Thomas L.	
STREET ADDRESS	[illegible]	43 STREET ADDRESS	6135 Park South Drive, Suite 250	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP		
TITLE	VX	51 TITLE	VD	☒ Change ☐ Addition
NAME	WILLIAMS, HUGH N.	52 NAME		
STREET ADDRESS	[illegible]	53 STREET ADDRESS	6135 Park South Drive, Suite 250	
CITY-ST-ZIP	CHARLOTTE NC	54 CITY-ST-ZIP		
TITLE	VX	61 TITLE	VD	☒ Change ☐ Addition
NAME	HARRIS, LARRY DALE	62 NAME		
STREET ADDRESS	[illegible]	63 STREET ADDRESS	6135 Park South Drive, Suite 250	
CITY-ST-ZIP	CHARLOTTE NC	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)(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 any attachment with an address.

SIGNATURE: Thomas L. Watkins, Treasurer 04/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0398180 FP