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Mar 27 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 # P23375 (9)

1. Corporation Name  
J.A. JONES MANAGEMENT SERVICES, INC.



Principal Place of Business  
6135 PARK SOUTH DRIVE  
SUITE 250  
CHARLOTTE NC 28210  
US

Mailing Address  
6135 PARK SOUTH DRIVE  
SUITE 250  
CHARLOTTE NC 28210-3264  
US

3. Date Incorporated or Qualified: 03/13/1989  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 56-1243834  
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

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

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

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  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	NEFFGEN, ALFRED V.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	SD	<input type="checkbox"/>
NAME	BARNES, BETTY J.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	TD	<input type="checkbox"/>
NAME	WATKINS, THOMAS L.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/>
NAME	LITTLEWOOD, MARK H	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/>
NAME	HARRIS, LARRY DALE	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY- ST- ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/>
NAME	PATTERSON, JOE T	
STREET ADDRESS	6135 PARK SOUTH DRIVE	
CITY- ST- ZIP	CHARLOTTE NC 28210	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY- ST- ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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 L. Watkins* Thomas L. Watkins, Treasurer 3-18-97 704-553-6628  
Date Daytime Phone #

CR2E034 (9/96)