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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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 56-1243834  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME NEFFGEN, ALFRED V.  
STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250  
CITY- ST- ZIP CHARLOTTE NC

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE SD ☐ DELETE  
NAME BARNES, BETTY J.  
STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250  
CITY- ST- ZIP CHARLOTTE NC

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE TD ☐ DELETE  
NAME WATKINS, THOMAS L.  
STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250  
CITY- ST- ZIP CHARLOTTE NC

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE VD ☐ DELETE  
NAME LITTLEWOOD, MARK H.  
STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250  
CITY- ST- ZIP CHARLOTTE NC

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE VD ☐ DELETE  
NAME HARRIS, LARRY DALE  
STREET ADDRESS 6135 PARK SOUTH DRIVE, SUITE 250  
CITY- ST- ZIP CHARLOTTE NC

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE VD ☐ DELETE  
NAME PATTERSON, JOE T.  
STREET ADDRESS 6135 PARK SOUTH DRIVE  
CITY- ST- ZIP CHARLOTTE NC 28210

6.1 TITLE ☐ Change ☐ Addition  
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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Watkins, Treasurer

3-18-97 704-553-6628

Date

Daytime Phone #

CR2E034 (9/96)