

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

FILED

**May 05 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 # P23375 (9)

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



DO NOT WRITE IN THIS SPACE

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 US
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3. Date Incorporated or Qualified 03/13/1989	
4. FEI Number 56-1243834	Applied For <input type="checkbox"/> Not Applicable
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	28210
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	28210
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	28210
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	28210
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	28210
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 _____

CR2E034 (10/97)