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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90245 010 ***150.00

DOCUMENT # P23375

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 US

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified 03/13/1989

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 owes the current year Intangible Personal Property Tax. Yes No

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEFFGEN, ALFRED V.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNES, BETTY J.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINS, THOMAS L.	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LITTLEWOOD, MARK H	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28210	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARRIS, LARRY DALE	
STREET ADDRESS	6135 PARK SOUTH DRIVE, SUITE 250	
CITY-ST-ZIP	CHARLOTTE NC 28210	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS L. WATKINS

Date

3/25/99

Daytime Phone #

704-553-6600

CR2E034 (11/98)