

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:55

DOCUMENT # P37336 (5)

1. Corporation Name

J.A. JONES CONSTRUCTION SERVICES COMPANY

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/03/1992 3a. Date of Last Report 05/01/1994

4. FBI Number 62-1047209 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PURTILL, A L
STREET ADDRESS	6135 PARK SO DRIVE, STE 325
CITY - ST - ZIP	CHARKITTE NC
TITLE	ST
NAME	SHIPP, NEAL S
STREET ADDRESS	ROCKY FLATS HWY 93 WEST GATE BLDG 93
CITY - ST - ZIP	GOLDEN CO
TITLE	VP
NAME	CLOUD, TOM
STREET ADDRESS	ROCKY FLATS HWY 93 W GATE BLDG 93
CITY - ST - ZIP	GOLDEN CO
TITLE	D
NAME	DICK, ROBERT L
STREET ADDRESS	6135 PARK SO DR SUITE 325
CITY - ST - ZIP	GOLDEN CO
TITLE	D
NAME	LEE, WILLIAM S
STREET ADDRESS	6135 PARK SO DR SUITE 325
CITY - ST - ZIP	CHARLOTTE NC
TITLE	D
NAME	THOMPSON, JAMES W
STREET ADDRESS	6135 PARK SO DRIVE STE 325
CITY - ST - ZIP	CHARLOTTE NC

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

S. NEAL SHIPP

[Signature]

1-25-95

302-966-4195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #