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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90115 047 ***150.00

DOCUMENT # P37336	DOC	JMENT	# P	37336
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J.A. JONE	es construction servic	es compai	NY						
Dringing Dlage	Principal Place of Business Mailing Address			t inchines the Will lead (line).					
6135 PARK SOUTH DRIVE. STE. 325 CHARLOTTE NC 28210 US		6135 PARK SOUTH DRIVE. STE. 325 CHARLOTTE NC 28210 US			DO NOT WRI 3. Date Incorporated or Qualifed	TE IN THIS	SPACE	<u>-</u>	
						02/03/1992		T- 1.	V-1 F
2. Principal Pla	ace of Business	2a. Mailing A	ddress			4. FEI Number		<u> </u>	lied For Applicable
21		26				62-1047209		\$8.75 A	
Suite, Apt. #	ŧ, etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired		Fee Rec	
City & State		City & St	ate			6. Election Campaign Financing Trust Fund Contribution		\$5.00 P Added to	•
23	0	28 Zip		Country		8. This corporation owes the cur	rent year Inta	ngible	
Zip	Country	<u> </u>	30	- ·		Personal Property Tax.		∐ Yes	□No
24	9. Name and Address of Current	29 Registered Age		<u>'</u>		10. Name and Address of New	Registered /	Agent	
	g. Name and Address of Current	rtogisterou r tg		81	Name				
СТ	CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
	SOUTH PINE ISLAND ROAD								
PLAN	ITATION FL 33324			83					
				84	City		FL	85 Zip C	Code
				! !			<u></u>		
	to the equipipme of Continue 607 0503	and 607 1508 F	Florida Statutes	the above-r	named corp	oration submits this statement for the	purpose of	changing its	registered histored
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 6	807.0505, Florida	a Statutes.		oration submits this statement for the on's board of directors. I hereby acce	DATE		
agent. 1 a	m familiar with, and accept the obligation	ons of, Section 6	807.0505, Florida	a Statutes.		d when reinstating)	DATE		RS IN 12
office of nagent. I a SIGNATURE 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 6 and title if applicable. DIRECTORS	607.0505, Florida (NOTE: Re	a Statutes.			DATE		RS IN 12
office or nagent. I a SIGNATURE 12.	egistered agent, of both, in the obligation of amiliar with, and accept the obligation of a second of the obligation of	ons of, Section 6 and title if applicable. DIRECTORS	807.0505, Florida	egistered Agent s		d when reinstating)	DATE	D DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	signature, typed or printed name of registered agent OFFICERS AND PD NEFFGEN, ALFRED V 6135 PARK SOUTH DRIVE, STE CHARLOTTE NC 28210	and title if applicable. D DIRECTORS	607.0505, Florida (NOTE: Re	egistered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	signature required	d when reinstating)	DATE	D DIRECTO	
office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	signature, typed or printed name of registered agent OFFICERS AND PD NEFFGEN, ALFRED V 6135 PARK SOUTH DRIVE, STE CHARLOTTE NC 28210 VPD	and title if applicable. D DIRECTORS	©07.Õ505, Florida (NOTE: Re	a Statutes. egistered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST-	signature required	d when reinstating)	DATE	D DIRECTO	RS IN 12
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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 reside 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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS