

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

FILED
May 12 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 # P94000041419 (0)

1. Corporation Name
W. JONES CO., INC.

Principal Place of Business RT. 1 BOX 3249 65 BLUE HERON PANACEA FL 32346 US	Mailing Address RT. 1 BOX 3249 65 BLUE HERON PANACEA FL 32346 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. BOX 226 27 THOMASTON GA. 28 THOMASTON GA. 29 30286 30 Country		3. Date Incorporated or Qualified 06/01/1994 4. FEI Number 59-3247802 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent JONES, WILLIAM S 65 BLUE HERON SURF ROAD PANACEA FL 32346		10. Name and Address of New Registered Agent 81 Name JON S. JONES 82 Street Address (P.O. Box Number is Not Acceptable) 65 BLUE HERON 83 84 City PANACEA 85 Zip Code FL 32346	
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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 JON S. JONES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME JONES, WILLIAM S. STREET ADDRESS RT. 1 BOX 3249 CITY-ST-ZIP PANACEA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT 1.2 NAME JON S. JONES 1.3 STREET ADDRESS 65 BLUE HERON 1.4 CITY-ST-ZIP PANACEA FL 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JONES, WILLIAM S. STREET ADDRESS RT. 1 BOX 3249 CITY-ST-ZIP PANACEA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR 2.2 NAME JON S. JONES 2.3 STREET ADDRESS 65 BLUE HERON 2.4 CITY-ST-ZIP PANACEA FL 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:



(JON S. JONES)

4/20/98

(850)984 0046

CP2E034 (10/97)