

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 23 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848992

(4)

1. Corporation Name

STANLEY JONES, CORPORATION

Principal Place of Business

P.O. BOX 5260
SOUTH FULTON TN 38257
US

Mailing Address

P.O. BOX 5260
SOUTH FULTON TN 38257
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/30/1981

3a. Date of Last Report

02/04/1994

4. FEI Number

62-0722294

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required.

6. Election Campaign Financing

☐ \$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

21 119 Morris Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 then if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

JONES, JOHN C.

STREET ADDRESS

7079 JONES LANE

CITY - ST - ZIP

SOUTH FULTON TN

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ST

NAME

MILNER, MICHAEL G

STREET ADDRESS

119 MORRIS

CITY - ST - ZIP

SOUTH FULTON TN

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

Stanley G. Jones II

119 Morris Street

South Fulton, TN 38257

TITLE

V

NAME

FRAZIER, GEORGE

STREET ADDRESS

WELLS AVENUE

CITY - ST - ZIP

FULTON KY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

NEWTON, JAMES

STREET ADDRESS

1210 BROOKWOOD CIRCLE

CITY - ST - ZIP

FULTON KY

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

D

NAME

BARCLAY, TED

STREET ADDRESS

ROUTE 5, BOX 345

CITY - ST - ZIP

SOUTH FULTON TN

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

ST

NAME

MILNER, MICHAEL G

STREET ADDRESS

RT. 1 BOX 28

CITY - ST - ZIP

FULTON KY

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

CFO/Assistant S/T

Michael G. Milner

119 Morris Street

South Fulton, TN 38257

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 119.07(3)(b), Florida Statutes. I further certify that the information included 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:

Michael G. Milner

Michael G. Milner

1/11/95

(901) 479-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number