

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **848992** (4)
1. Corporation Name
STANLEY JONES, CORPORATION



Principal Place of Business Mailing Address
119 MORRIS STREET SOUTH FULTON TN 38257 US
P.O. BOX 5260 SOUTH FULTON TN 38257 US

3. Date Incorporated or Qualified **04/30/1981** 3a. Date of Last Report **01/23/1995**
4. FEI Number **62-0722294** 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN C.	
STREET ADDRESS	7079 JONES LANE	
CITY - ST - ZIP	SOUTH FULTON TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JONES, STANLEY II G.	
STREET ADDRESS	119 MORRIS STREET	
CITY - ST - ZIP	SOUTH FULTON TN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRAZIER, GEORGE	
STREET ADDRESS	WELLS AVENUE	
CITY - ST - ZIP	FULTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWTON, JAMES	
STREET ADDRESS	1210 BROOKWOOD CIRCLE	
CITY - ST - ZIP	FULTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARCLAY, TED	
STREET ADDRESS	ROUTE 5, BOX 345	
CITY - ST - ZIP	SOUTH FULTON TN	
TITLE	CAST	<input type="checkbox"/> DELETE
NAME	MILNER, MICHAEL G.	
STREET ADDRESS	119 MORRIS STREET	
CITY - ST - ZIP	SOUTH FULTON TN	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STV
2.3 STREET ADDRESS	Route 2, Box 323
2.4 CITY - ST - ZIP	South Fulton, TN 38257
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
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 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)(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: *Michael G. Milner CFO Michael G. Milner 3496 901-4792311*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)