

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

**96 AUG 29 AM 11:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002485 (9)**  
1. Corporation Name  
**PAGE & JONES, INC.**

Principal Place of Business <b>P.O. DRAWER J MOBILE AL 36601</b>	Mailing Address <b>P.O. DRAWER J MOBILE AL 36601</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc	<b>26</b> Suite, Apt. #, etc
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>05/22/1995</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>63-0309800</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**LEONARD, JEAN L  
1117 NESTLING DRIVE  
GULF BREEZE FL 32561**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

**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 \_\_\_\_\_ (NAME) \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, MICHAEL B</b>	12 NAME	
STREET ADDRESS	<b>52 N. JACKSON ST.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL 36602</b>	14 CITY-ST-ZIP	<b>8000019388819 -03/04/96 -01160 -011</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<b>****375.00</b> <input type="checkbox"/> <b>****375.00</b> <input type="checkbox"/>
NAME	<b>LEE, JAMES T III</b>	22 NAME	
STREET ADDRESS	<b>52 N. JACKSON ST.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL 36602</b>	24 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OATES, RICHARD J</b>	32 NAME	
STREET ADDRESS	<b>52 N. JACKSON ST.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL 36602</b>	34 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEARY, THOMAS J III</b>	42 NAME	
STREET ADDRESS	<b>52 N. JACKSON ST.</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL 36602</b>	44 CITY-ST-ZIP	
TITLE	<b>CT</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEE, RUFUS B</b>	52 NAME	
STREET ADDRESS	<b>52 N. JACKSON ST.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>MOBILE AL 36602</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)