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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002485 (9)

1. Corporation Name
PAGE & JONES, INC.



Principal Place of Business Mailing Address
P.O. DRAWER J MOBILE AL 36601 P.O. DRAWER J MOBILE AL 36601-0140

3. Date Incorporated or Qualified 05/22/1995 3a. Date of Last Report 08/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 63-0309800 Applied For Not Applicable
22. City & State 27. City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. Zip Country 28. Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
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 to 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: Michael B. Lee 4/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	LEE, MICHAEL B	1.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	1.4 CITY - ST - ZIP	
TITLE	V [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	LEE, JAMES T III	2.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	2.4 CITY - ST - ZIP	
TITLE	V [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	OATES, RICHARD J	3.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	3.4 CITY - ST - ZIP	
TITLE	S [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	GEARY, THOMAS J III	4.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	4.4 CITY - ST - ZIP	
TITLE	CT [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	LEE, RUFUS B	5.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL 36602	5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 employed 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 this address.

SIGNATURE: RICHARD J OATES 4/17/97 (334) 432-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)