

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

FILED
Feb 20 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 # F95000002485 (9)
 1. Corporation Name
PAGE & JONES, INC.



Principal Place of Business P.O. DRAWER J MOBILE AL 36801	Mailing Address P.O. DRAWER J MOBILE AL 36801
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/22/1995	
21	22	26	27	4. FEI Number 63-0309800	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONARD, JEAN L 1117 NESTLING DRIVE GULF BREEZE FL 32561				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P LEE, MICHAEL B	1.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36802	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V LEE, JAMES T III	2.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36802	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V OATES, RICHARD J	3.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36802	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GEARY, THOMAS J III	4.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36802	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CT LEE, RUFUS B	5.2 NAME	
STREET ADDRESS	52 N. JACKSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOBILE AL 36802	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____

CR2E034 (10/97)