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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 472116

JONES AND SONS PLUMBING AND ELECTRIC, INC.

## **FILED** Mar 27 1997 8:00am Secretary of State



| Principal Place of Business Mailing Address  Mailing Address |   |   |                     |                     |   |                 |                              |                       |
|--|---|---|---------------------|---------------------|---|-----------------|------------------------------|-----------------------|
| 2391 MOORE+<br>CLEARWATER                                    |   | 2391 MOORE-HAVEN DR.<br>CLEARWATER FL 34623-1 |                     |                     |   |                 |                              |                       |
|  |   |   |                     |                     | 3. Date Incorporated or Qualified 03/19/1975              |                 | e of Last F<br><b>0/1996</b> | Report                |
| 2. Principal f   | hace of Business  | 2a. Mailing Address                           |                     |                     | 4, FEI Number   |                 | A                            | pplied For            |
| 21   |   | 26  |                     |                     | 59-1622499  |                 |                              | ot Applicable         |
| Suite, Apt<br>22   |   | Suite, Apt. #, etc.                           | ·                   |                     | 5. Certificate of Status Desired                          |                 | Fee R                        | Additional<br>equired |
| City & Stat  | (e)   | City & State                                  |                     |                     | 6. Election Campaign Financing<br>Trust Fund Contribution |                 |                              | May Be<br>to Fees     |
|  | Country   | Zip   | Count               | у                   | 8. This corporation has liability for                     |                 |                              | 199.032,              |
| 24   | 25  | 29  | 30                  |                     |   | Yes [           |                              |                       |
|  | g. Name and Address of Current                                      | Registered Agent                              |                     | 1 11 11 11 11       | 10. Name and Address of New Re                            | gistered A      | gent                         |                       |
|  | ies, James Garland  |   | 8                   | Name :              |   |                 |                              |                       |
| 2391 MOOREHAVEN DRIVE E.<br>CLEARWATER FL                    |   |   | 8:                  | Street Add          | dress (P.O. Box Number is Not Acceptat                    | ole)            |                              |                       |
| V  |   |   | 8                   | 3                   |   |                 |                              |                       |
| •  |   |   | 8                   | City                |   |                 | as Zin                       | Code                  |
| •  |   |   | *                   | City                |   | FL              | 85 Zip                       | Code                  |
| SIGNATURE  | Signature: Typed or printed name of registered agen<br>OFFICERS AND |   | TE: Registered A    | gent signature requ | uired when reinstating) ADDITIONS/CHANGES TO OFFIC        | DATE<br>ERS AND | DIRECTO                      | RS IN 12              |
| TITLE  | P   | ☐ DELETE                                      | 1.1 TITLE           |                     |   |                 | Change                       | Addition              |
| NAME   | JONES, JAMES GARLAND  |   | 1.2 NAME            | 1                   |   |                 |                              |                       |
| STREET ADDRESS   | 2391 MOOREHAVEN DRIVE E.  |   | 1.3 STRE            | ET ADDRESS          |   |                 |                              |                       |
| CITY-S1-ZIP  | CLEARWATER FL   |   | 1.4 CITY-           | ST-ZIP              |   | ·               |                              |                       |
| TITLE  | VP  | ☐ DELETE                                      | 2.1 TITLE           |                     |   | ļ               | Change                       | Addition              |
| NAME   | JONES, VELMA C.   |   | 2.2 NAME            |                     |   |                 |                              |                       |
| STREET ADDRESS   | 2391 MOOREHAVEN DRIVE E.  |   |                     | T ADDRESS           | · -   |                 |                              |                       |
| CHY-ST-ZIP   | CLEARWATER FL   | ☐ DELETE                                      | 2. 4 CITY           |                     |   |                 | Change                       | Addition              |
| TILLE  | JAMES G. JONES JR.  | ביין הכרכונ                                   | 31 TITLE<br>32 NAME | - 1                 |   |                 | T CHRUBB                     | L_J Autriton          |
| NAME<br>STREET ADDRESS                                       | 2391 MOOREHAVEN DRIVE E.  |   |                     | ET ADDRESS          |   |                 |                              |                       |
|  | CLEARWATER FL.  |   | 3.3 SIRE            | - 1                 |   |                 |                              |                       |
| CHY-ST-ZIP<br>TITLE  | S   | DELETE  | 4.1 TITLE           |                     |   |                 | Change                       | Addition              |
| NAME   | JONES, JEFFREY  | bent warmin                                   | 4, 2 NAM            |                     |   | '               |                              |                       |
| STREET ADDRESS   | 2391 MOOREHAVEN DR. E.  |   |                     | ET ADDRESS          |   |                 |                              |                       |
| City - S1 - ZiP  | CLEARWATER FL.  |   | 4.4 CITY            | 1                   | •   |                 |                              |                       |
| TITLE  |   | DELETE  | 5,1 TITLE           |                     |   |                 | Change                       | Addition              |
| NAME   |   |   | 5.2 NAME            | .                   |   |                 |                              |                       |
| STREEL ADDRESS   | }   |   | 5.3 STRE            | ET ADDRESS          |   |                 |                              |                       |
| CHY-SI-7-P   |   |   | 5.4 CITY            | ST-ZIP              |   |                 |                              |                       |
| THE  |   | ☐ DELETE                                      | 61 TITLE            |                     |   |                 | Change                       | Addition              |
| NAME   |   |   | 6.2 NAME            |                     |   |                 |                              |                       |
| STREET ADDRESS   |   |   |                     | ET ADDRESS          |   |                 |                              |                       |
| CITY - ST - 7IP  |   |   | 6.4 CITY            | ST-ZIP              |   |                 |                              |                       |
|  |   |   |                     |                     | ed in Contino 110 07/21/i) Elevido Ctobato                |                 |                              |                       |

roo 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 had 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 apport 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.

James Garland Jones, Pres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #