

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 660398

1. Corporation Name

JONES	OIL & TIME, INC.								
Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
2661 US 27 SOUTH 2661 US 27 SOUTH									
SEBRING FL 33870-2127 SEBRING FL 33870-2127					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed				1
					04/01/1980				
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number	·	Apr	lied For	1
21	26			59-1985572		Not	Applicable	1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	dditional	l
22 27					5. Certificate of Status Desired		Fee Rec	quired	1
City & State City & State					6. Election Campaign Financing		\$5.00		
23	م این این <del>ین داد در اینی</del> با در این این این از این	28 ~ ~ ~ ~	- عدا-		- Trust Fund Contribution		- · Added to	Fees	-
Zip	Country Zip			itry	8. This corporation owes the cur	rent year Inta			
24	25 29 30			Tersonar Topolty Tax.			.=	□No	}
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New	Registered A	Agent	<del></del>	1
ION!	ES, CHARLES BRANDON, JR.		1	1			,		
2661 US 27 SOUTH			- 1	82 Street Ad	dress (P.O. Box Number is Not Accept	able)			
SEBRING FL 33870			ļ	83		<del>_</del>		<del>-</del>	1
) JEDI	TINITO I E GOOTO		1	03	•				
				84 City		FL	85 Zip C	ode	1
) 	0.07.0500	and COT AEOO Florida Chabat.	1	ava namad sa	reporation submits this statement for the		changing its	registered	1
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida Such change was alions of, Section 607.0505, Florida	uthorized ida Statu	by the corpora tes.	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoir	itment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Penistered	Anent signature regu	ired when reinstating)	DATE			١,
12.	OFFICERS ANI		13.	- igent signator o roqu	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	18
TITLE	PD	☐ DELETE	1.1 TIT	LE			☐ Change	☐ Addition	
NAME	JONES, CHARLES B.		1.2 NA	ME					;
STREET ADDRESS	2661 U.S. 27 SOUTH		1.3 ST	REET ADDRESS					}
CITY-ST-ZIP	SEBRING FL		1.4 CIT	Y-ST-ZIP					]. 8
TITLE	VD	☐ DELETE	2.1 TIT	E			☐ Change	☐ Addition	1
NAME	JONES, MARGARET M.		2.2 NA	ME					
STREET ADDRESS	2661 U.S. 27 SOUTH	•	2.3 ST	REET ADDRESS					
CITY-ST-ZIP	SEBRING FL		2. 4 CI	ry-st-zip					1
TITLE	STD	☐ DELETE	3.1 TIT	LE		•	Change	Addition	
NAME	JONES, DALE		3.2 NA	ME					
_STREET ADDRESS	_2661-U.S27_SOUTH	المنايم من المالية الم	3.3 ST	REET ADDRESS		• • •		. s <b>a</b> 12 -	~
CITY-ST-ZIP	SEBRING FL		3.4. CI	ry-st-zip					1
TITLE	V	☐ DELETE	4.1 717	LE	-		Change	☐ Addition	1
NAME	JONES, STEVE		4. 2 N	ME :					
STREET ADDRESS	2661 US 27 SOUTH		4.3 ST	REET ADDRESS			•		
CITY-ST-ZIP				Y-ST-ZIP			- Character	[""] # J.HH	-
TITLE .	V	☐ DELETE	5.1 TIT		•		☐ Change	Addition	
NAME	JONES, BARRY		5.2 NA		•				1
STREET ADDRESS	2661 US 27 SOUTH			REET ADDRESS					
CITY-ST-ZIP	SEBRING FL		1	Y-ST-ZIP			Chance	☐ Additi-=	1
TITLE	(	☐ DELETE	6.1 111	ᄩ			Change	Addition	1

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 14, 1999 8:00 am Secretary of State

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