

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

FILED

**Apr 28 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F32344 (6)

1. Corporation Name
JONES NURSERY, INC.



Principal Place of Business: **170 W DEARBORN STREET ENGLEWOOD FL 34223**

Mailing Address: **170 W DEARBORN STREET ENGLEWOOD FL 34223**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/27/1981**

4. FEI Number: **59-2125835** Applied For (checkbox) Not Applicable (checkbox)

5. Certificate of Status Desired (checkbox) **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution (checkbox) **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DUNKIN, DAVID A
170 W DEARBORN STREET
ENGLEWOOD, FL
34223**

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, 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MARILYN J	1.2 NAME	
STREET ADDRESS	6305 SHALIMAR STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, SALLY J	2.2 NAME	
STREET ADDRESS	1675 MANOR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	2.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CARL L	3.2 NAME	
STREET ADDRESS	6305 SHALIMAR STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID L	4.2 NAME	
STREET ADDRESS	1675 MANOR RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	4.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

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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)