FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 20 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F74110** **(0)**

1. Corporation Name
THOMAS R. JONES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% THOMAS R. JONES, JR. 1780 N. KROME AVE HOMESTEAD FL 33030	% THOMAS R. JONES, JR. 1780 N. KROME AVE HOMESTEAD FL 33030

3. Date Incorporated or Qualified: **03/30/1982**
3a. Date of Last Report: **07/28/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2174673** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, THOMAS R., JR 1780 N. KROME AVE HOMESTEAD FL 33030	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 _____ DATE _____
(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	S	11 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	JONES,JONES R., SR	12 NAME	LUND, MELISSA L.,	
STREET ADDRESS	1780 N KROME AVE	13 STREET ADDRESS	1780 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	JONES, THOMAS R JR	22 NAME		
STREET ADDRESS	1780 N KROME AVE	23 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	ASST. SECRETARY	☒ Change ☐ Addition
NAME	LUND, LAWRENCE ALAN	32 NAME	JONES, THOMAS R. SR.	
STREET ADDRESS	1780 N KROME AVE	33 STREET ADDRESS	1780 N KROME AVE	
CITY-ST-ZIP	HOMESTEAD FL	34 CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	LUND, MELISSA L.	42 NAME		
STREET ADDRESS	1780 N. KROME AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	TREASURER	☒ Change ☐ Addition
NAME		52 NAME	JAREMKO, JOANN V.	
STREET ADDRESS		53 STREET ADDRESS	1780 N KROME AVE	
CITY-ST-ZIP		54 CITY-ST-ZIP	HOMESTEAD, FL	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T. Wm Lund 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000109 CP