教165.00 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F74110

THOMAS R. JONES, INC.

APPROVED AND FILED

97 OCT 3 PM 3: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Businoss Mailing Address									
% THOMAS R. JONES, JR. % NAOMI DOMINICK									
	N. KROME AVENUE		1780 N. KROME AVENUE						
	STEAD, FL 33030	P.O. BOX 901505			3. Date Incorporated or Qualified	3a. Date of La	ist Report		
		HOMESTEAD, FL 33030-9956			03/30/1982	09/30/	96		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26			59-2174673 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	75 Additional		
City & State		City & State					e Required		
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	у		8. This corporation has liability for in			
24	25	29	30			·	Yes 🗌 No	0. 0. 100.002	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
JONES, THOMAS R., JR					81 Name				
	80 N. KROME AVENUE		82 Street Add		Addres	ress (P.O. Box Number is Not Acceptable)			
	MESTEAD, FL 33030-99	56		ļ					
	MEDIEAD, FE 33030-99	56		'					
			84	City			85	Zip Code	
44 District	to the equipless of Sections 507.0502	and CO7 1509 Florida Statutor	the shou	l nomed	001000	ration a shorter this statement for the au	FL °°	sa ita saalata	
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 Side 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment as registered agent. I am familiar with accept the appointment accept the appointment accept the appointment accept the									
10/20/07									
SIGNATURE Signature typed or printed narry start of diagram and title if applicable (NOTE Registered Agent s					re required when reinstating) DATE				
12.		DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 12	
TITLE	PD	DELETE	1.1 TILE		T		Cha	nge Addition	
NAME	JONES, THOMAS R J.	R.	1.2 NAME	ĺ	Do	OMINICK, NAOMI		[·	
STREET ADDRESS				1 ADDRESS	1780 N. KROME AVENUE				
CITY-ST-ZIP	HOMESTEAD, FL 330		1.4 Cil Y - S	ST-ZIP	H	OMESTEAD, FL 33030	F-1		
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NAME	LUND, LAWRENCE ALAN				JONES SR, THOMAS R 1780 N. KROME AVENUE				
STREET ADDRESS	1700 N. KROMB AVENUE			I ADDRESS		HOMESTEAD, FL 33030			
CITY-ST-ZIP TITLE	T	XX DELETE	2 4 CITY - 31 TITLE	31.71		· · · · · · · · · · · · · · · · · · ·	☐ Char	nge Addition	
NAME	JAREMKO, JOANN V		3 2 NAME			200 <u>0</u> 03	8855	926	
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CITY-ST-ZIP	HOMESTEAD, FL 330		34 CITY-			*****·	3U,UU **	**165.00	
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CITY-ST-ZIP			4.4 CITY - S	ST-ZIP	Ĺ <u>.</u>				
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NAME			5.2 NAME						
STREET ADDRESS				1 ADDRESS				l	
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TITLE		□ Atrest	6.1 TITLE 6.2 NAME	١		A .	∐ Char	nge L Addition	
NAME CTOSET ADDRESS				ADDDESS		N.	10/31		
STREET ADDRESS			6.4 CITY - S	I ADDRESS		D, I	1410,	ŀ	
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exc	emplion s	Laled 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 eath; 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									
I am an officer or director of the corporation or the receiver or trusted 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 my name attachment with an address.									

THOMAS R. JONES , JR.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/97

T.R. JONES & COMPANY

Insurance and Financial Services

October 30, 1997

EXPRESS MAIL: RB261596170

Mr. Sean P. Toner
Administrator
Florida Department of State
Division of Corporations
Commercial Records Management
409 East Gaines Street
Tallahassee, FL 32399-0250

RE: FEI#59-2174673 & Corp. #F74110 - Thomas R. Jones, Inc.

Dear Sean:

It was a pleasure speaking with you yesterday. Thank you for your consideration and understanding that the reason why the Profit Corporation Annual Report for 1997 were not filed was because the person in charged of filing these is no longer with our company. Therefore, it was not brought to our attention that these were not filed by the due date.

As per our conversation, we are enclosing a check for \$330 (\$165 @ 2) to cover the reinstatement fee for the above two mentioned companies. The completed applications are attached.

Sean, we would greatly appreciate your assistance in expediting our renewal. Please feel free to contact me if you have any questions.

Sincerely,

Vivian Fleites

Accounting Department

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Enclosures