

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90063 015 ***150.00

DOCUMENT # P94000092845

1. Corporation Name

JONES & JONES HOMES, INC.

Principal Place of Business

327 DULMER DRIVE
NOKOMIS FL 34275
US

Mailing Address

P O BOX 1631
NOKOMIS FL 34274-1631
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

65-0542664

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1731 LAKE HERON DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 1731 LAKE HERON DR.
Suite, Apt. #, etc.

City & State

23 Lutz, FL

City & State

28 Lutz, FL

Zip

24 33549-9041

Country

25 USA

Zip

29 33549-9041

Country

30 USA

9. Name and Address of Current Registered Agent

JONES, R. MARSHALL
327 DULMER DR
NOKOMIS FL 34275

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1731 LAKE HERON DR.

84 City Lutz, FL

85 Zip Code

33549-9041

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME JONES, R. MARSHALL

STREET ADDRESS 327 DULMER DR

CITY-ST-ZIP NOKOMIA FL

TITLE DVS ☐ DELETE

NAME JONES, FRANCES B

STREET ADDRESS 327 DULMER DRIVE

CITY-ST-ZIP NOKOMIS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1731 LAKE HERON DR.

1.4 CITY-ST-ZIP Lutz, FL 33549-9041

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1731 LAKE HERON DR.

2.4 CITY-ST-ZIP Lutz, FL 33549-9041

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

FRANCES B. JONES 3-5-99 (813) 909-0739

048349

CR25034 (11/98)