

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 426523

**Entity Name:** J. RALPH JONES, INC.

**Current Principal Place of Business:**

33009 MCCABE RD  
33009 MCCABE RD  
SAN ANTONIO, FL 33576

**Current Mailing Address:**

PO BOX 16  
33009 MCCABE RD  
SAN ANTONIO, FL 33576

**FEI Number:** 59-1468308

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMS, JUSTIN GO  
32607 2ND AVE  
SAN ANTONIO, FL 33576 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JONES, J. RALPH  
Address 32625 SR 52  
City-State-Zip: SAN ANTONIO FL

Title O  
Name ADAMS, JUSTIN G  
Address PO BOX 1252  
City-State-Zip: SAN ANTONIO FL 33576

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JUSTIN G. ADAMS

**OFFICER, RA**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date