

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 520569

**Entity Name:** JONES & SON FIRE EXTINGUISHER SERVICE, INC.**Current Principal Place of Business:**9049 S. US HWY 129  
TRENTON, FL 32693**Current Mailing Address:**P. O. BOX 183  
TRENTON, FL 32693 US**FEI Number: 59-1710644****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, JUSTIN  
9049 SOUTH HWY 129  
TRENTON, FL 32693 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 CEO  
Name JONES, PRIESTON J  
Address 10189 SOUTH SANTE FE AV  
City-State-Zip: TRENTON FL 32693

Title P  
Name JONES, WANDA N  
Address 10189 SOUTH SANTE FE AV  
City-State-Zip: TRENTON FL 32693

Title TREASURER  
Name JONES, KAREN  
Address 970 SE 95TH PLACE  
City-State-Zip: TRENTON FL 32693

Title VP  
Name JONES, JUSTIN T  
Address 970 SE 95TH PLACE  
City-State-Zip: TRENTON FL 32693

Title SEC  
Name LONG, WILDA J  
Address 9049 S US HWY 129  
City-State-Zip: TRENTON FL 32693

*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 JONES****VP****04/26/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date