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

DOCUMENT # 160022 1. Corporation Name

JONES INVESTMENT COMPANY

Principal Place of Business 983 7TH AVE.

P O BOX 276 **GRACEVILLE FL 32440**

Suite, Apt. #, etc.

City & State

21

2. Principal Place of Business

Mailing Address

983 7TH AVE. P O BOX 276

GRACEVILLE FL 32440

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90097 035 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

12/28/1949

59-0869527

4. FEI Number

City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
!3		28			Trust Fund Contribution	Added to	
Zip	Country Zip 29 36		Country		8. This corporation owes the current ye	ar Intangible	
4			30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Regist	ered Agent	
BDO	OVC MADCADET		81	Name			
BROOKS, MARGARET				Street Address (P.O. Box Number is Not Acceptable)			
1129 8TH AVE.							
GHA	CEVILLE FL 32440		83			生物的特殊	11 1
		•	84	City		85 Zip C	ode
			~	Oily		FL S Z S	,006
office or r		of Florida. Such change was	authorized by	the corporati	poration submits this statement for the purpoion's board of directors. I hereby accept the		
SIGNATURE	Signature, typed or printed name of registered age	ALC: ALC: ALC: ALC: ALC: ALC: ALC: ALC:	TE: D===== 1 A===		ed when reinstating) DA	75 ·	
12.		ND DIRECTORS	13.	t signature require	ed when reinstating). DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	BAIRD, JAKIE		1.2 NAME		* \$\frac{1}{2}		
STREET ADDRESS	205 N. WOODLAND		1.3 STREET	ADDRESS			
	GENEVA AL			ļ			
CITY-ST-ZIP	STD	☐ DELETE	1.4 CITY- \$1	I-ZIP		☐ Change	☐ Addition
NAME	BROOKS, BOLLING	_ D.L.L.	2.2 NAME			Critings	
	1129 8TH AVE			**************************************	•		
STREET ADORESS			2.3 STREET		•		
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		C Detterie	l.			□ Orlange	☐ Addition
NAME	BROOKS, MARGARET		3.2 NAME				
STREET ADDRESS	1129 8TH AVE		3.3 STREET				
CITY-ST-ZIP	GRACEVILLE, FL 00000	. DELETE	3.4. CITY-S'	T-ZIP		FT 05	To a differen
TITLE			4.1 TITLE]	· · · · · · · · · · · · · · · · · · ·	Change	L. Addition
NAME				Ì			
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			4.3 STREET				
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CITY-ST-ZIP TITLE NAME		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME	F-ZIP	· .	☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS	· .	☐ Change	☐ Addition
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trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

SIGNATURE: SIGNATURE AND THE

850 - 263-4618