2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Rol

Feb 04, 2004 08:00 AM DOCHMENT # 197568 **Secretary of State** 1. Entity Name JONES MANAGEMENT CORPORATION Principal Place of Business Mailing Address 513 OSCEOLA STREET TALLAHASSEE FL 32310 513 OSCEOLA STREET TALLAHASSEE FL 32310 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-6063662 Not Applicable Ζŧρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, ROBERT N. RT 12 BOX 940 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32310 City Zip Code B. 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. I am familiar with, and accept (NOTE: Registered Agent signature required when reinstating) ĎATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE Change Delete TIRE Addition JONES, EDWARD, JR. NAME MAME U00000034969 513 OSCEOLA ST. STREET ADDRESS STREET ADDRESS 02/06/04-80002-011 150.00 CITY-ST-ZIP TALLAHASSEE FL 32316 CHTY-ST-ZIP TIBLE ☐ Delete TITLE ☐ Change Addition FREEMAN, VALERIE D NAME NAME STREET ADDRESS 5531 N.W. 31 STREET STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP CITY-ST-ZIP 33T3 E សន 33715 Delete ☐ Change Addition NAME JONES, ROBERT NAME SZEROCA TEERTZ STREET ADDRESS P.O. BOX 6623 N/A CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE DS ☐ Delete TITLE Change ☐ Addition DUKES, JOHN III NAME MAME STREET ADDRESS 2259 N.W. 16TH AVE. STREET ADDRESS **GAINESVILLE FL 32605** CITY-ST-ZIP CITY - ST - 7(P ☐ Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TIBLE Delete TITLE ☐ Change ☐ Addiffion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 12. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statistics 1 further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED