2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 197568

1. Entity Name
JONES MANAGEMENT CORPORATION

FILED
05 JUL -1 PM 12: 2[illegible]
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Principal Place of Business	Mailing Address
513 OSCEOLA STREET TALLAHASSEE, FL 32310 US	513 OSCEOLA STREET TALLAHASSEE, FL 32310 US

06302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
513 Osceola Tallahassee, FL	513 Osceola St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tallahassee FL.
City & State	City & State
Zip 32310 / Country Leon	Zip 32310 / Country U.S.A

4. FEI Number 59-6063662 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, ROBERT N.
513 OSCEOLA STREET
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name: Edward Jones, Jr
Street Address (P.O. Box Number is Not Acceptable): 513 Osceola Street
City: Tallahassee FL Zip Code: 32310

8. 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 the obligations of registered agent.

SIGNATURE: *Edward Jones Jr Edward Jones Jr P — DATE: July 1-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, EDWARD,JR. 513 OSCEOLA ST. TALLAHASSEE, FL 32310	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400057315974 07/12/05--01010--014 **61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, ROBERT P.O. BOX 6623 TALLAHASSEE, FL 32314	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*T.D. Agent Edward Jones Jr 513 Osceola St Tallahassee, FL 32310	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE: *Edward Jones Jr Edward Jones, Jr — Date: 7/1/05 — Daytime Phone #: 850 5763875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR