

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 218387**

1. Entity Name  
**JONES FLOOR COVERING, INC.**



Principal Place of Business

**5600 N. DAVIS HWY  
PENSACOLA, FL 32513 US**

Mailing Address

**P.O. BOX 9547  
5600 N. DAVIS HIGHWAY  
PENSACOLA, FL 32513 US**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0864814**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, ROBERT L  
5600 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	JONES, MYRTICE E
STREET ADDRESS	5600 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL
TITLE	CD
NAME	JONES, ROBERT L
STREET ADDRESS	5600 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL
TITLE	PD
NAME	JONES, ROCKY W
STREET ADDRESS	5600 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL
TITLE	V
NAME	PULFORD, KEVIN L.
STREET ADDRESS	5600 N. DAVIS HWY.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	JONES, JASON R
STREET ADDRESS	5600 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	CFO
NAME	HEPWORTH, ROBERT W
STREET ADDRESS	5600 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32503

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05/05/04-80056-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ROBERT W HEPWORTH 4/30/04 (850) 476-1995**