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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90031 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 279987

1. Corporation Name

E.J. TONEY INCORPORATED

Principal Place of Business

5175 BLANDING BLVD  
JACKSONVILLE FL 32210  
US

Mailing Address

5175 BLANDING BLVD  
JACKSONVILLE FL 32210  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1964

4. FEI Number

59-1052506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TONEY, E.J.  
8869 BELLE RIVE BLVD  
JACKSONVILLE, FL  
32216

10. Name and Address of New Registered Agent

81 Name

E.J. Toney

82 Street Address (P.O. Box Number is Not Acceptable)

5175 Blanding Blvd

83

84 City

Jax

FL

85

Zip Code  
32210

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

President

2/3/99

12. OFFICERS AND DIRECTORS

TITLE PDST ☐ DELETE

NAME TONEY, E L  
STREET ADDRESS 2815 EVERCHARM PLACE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME KELLY, JULIE T  
STREET ADDRESS 3826 CHAPELGATE RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Julie T. Kelley  
1.3 STREET ADDRESS 8175 Wekiva Way  
1.4 CITY-ST-ZIP Jacksonville, FL 32256

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME T/S Christina M. Caldwell  
2.3 STREET ADDRESS 2810 Grand Ave  
2.4 CITY-ST-ZIP Jacksonville, FL 32210

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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  
President

2/3/99

404-777-4888

Date Daytime Phone #

CR2E034 (11/98)