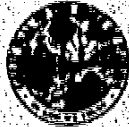


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1994.
 AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra E. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 95 JUL 11 AM 9:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 326027 (0)
 1. Corporation Name
 HILLERY JONES INC.

Principal Place of Business Mailing Address
 P. O. BOX 10552 P. O. BOX 10552
 P.O. BOX 10552 TAMPA FL 33679-7552
 TAMPA FL 33629-4940 US
 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/05/1968 3a. Date of Last Report 03/08/1994
 4. FEI Number 59-1212226 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
 6. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 2304 LILA LANE 26 P.O. BOX 10552
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 City & State City & State
 23 TAMPA, FL TAMPA, FL
 Zip Country Zip Country
 24 33629 Hillsborough 29 33679 30 Hillsborough

9. Name and Address of Current Registered Agent
 JONES, HILLERY
 2304 LILA LANE
 TAMPA FL 33609

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 Hillery Jones Hillery Jones 7/6/95
 Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, CHLOE J
STREET ADDRESS	2304 LILA LANE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	JONES, DOUGLAS N
STREET ADDRESS	2304 LILA LANE
CITY - ST - ZIP	TAMPA FL
TITLE	VPD
NAME	JONES, HILLERY
STREET ADDRESS	2304 LILA LANE
CITY - ST - ZIP	TAMPA FL
TITLE	STD
NAME	JONES, DEAN M.
STREET ADDRESS	2304 LILA LANE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Hillery Jones Hillery Jones 7/6/95
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date (Type #)

CR2E034 (3/95)