FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

368726

(6)

JOHN.	HENRY	IONES	INCORPORATED	
JUNIN	DEINN	TURES	INCURPORATED	

· · · · · · · · · · · · · · · · · · ·					
Principal Place		Mailing Address			ana Bait ainti ktáit Balli Billi Aili Billi iáil
2850 DAIRY ROAD P. O. DRAWER 6586 TITUSVILLE FL 32782-3586		2850 DAIRY ROAD P. O. DRAWER 6586 TITUSVILLE FL 32782-3			
					3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 2850 Dairy Rd.			2a. Mailing Address 26 2850 Dairy Rd.		Applied For
Suite, Apt. #		26 2850 Deir Suite, Apl. #, etc.	À 100.	59-1304006	Not Applicable
22 City & State		27 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		28 Titusville	FL	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	ville, FL Country	Zip	Country	8. This corporation has liability for i	
24 3279	6 25 Brevard	29 32796	30 Brevard	Florida Statutes Yes	□ No
	Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent
IONICO	A LANGE LEPTING IN		81 Name	Suzanne W. Jon	es
	S, JOHN HENRY, JR.			ddress (P.O. Box Number is Not Acceptab	le)
	AIRY RD		83	2850 Driry Rd.	
111051	/ILLE FL 32796		03	•	
			84 City	itusville	FL 85 Zip Code 32796
11 Pursuant to	the provisions of Sections 607 050	2 and 607 1509 Florida Statutos		poration submits this statement for the pur	FL 32796
or registere	ed agent, or both, in the State of Flor	ida. Such changé was authorized	by the corporation's b	oard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
tarrinar witi	i, and accept the obligations of, Sec	tion 607.0505, Florida Statutes.	/ .	24	/ /
SIGNATURE _	Suzanne W. Jo.	n and true it applicable. (NOTE:	Howard Agent signature requ	M. J.	4/26/96
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS /	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1. 1 TILLE	PDSTV	Change Addition
NAME	JONES, JOHN H.		1.2 NAME	Suzanne W. Jones	,
STREET ADDRESS	2850 DAIRY RD.		1.3 STREET ADDRESS	Suzanne W. Jones 2850 Dairy Rd.	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY - \$1 - ZIP	Titusville, FL 32	796
TITLE	VSTD	DE D EL ET E	2 1 TOLE	•	Change Addition
NAME	JONES, SUZANNE W		2.2 NAME		
STREET ADDRESS	2850 DAIRY RD.	,	2 3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL VD	TI DELETE	2.4 CITY - ST - ZIP		
TITLE NAME	JONES, MICHAEL S	[▶] DCTC#	3. 1 TITLE	¥	Change Addition
STREET ADDRESS	2850 DAIRY RD		3.2 NAME		
CITY-ST-ZIP	TITUSVILLE FL		3.3. STREET ADDRESS		
TITLE	, v Tibbe 1 b	☐ DELETE	3.4 CITY+ST-7IP 4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-SI-ZiP		
1/TLE	<u> </u>	DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELFTE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP		7 T T T T T T T T T T T T T T T T T T T	6 4 CITY - ST - ZIP		
cerury that	the information indicated on this ann	ual report or sunplemental aboual	treport is true and acco	y for the exemption stated in Section 119. urate and that my signature shall have the this report as required by Chapter 607, Flo	eagus logal offect on if made under

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 407-267-1780