FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 368726

(6)

JOHN HENRY JONES INCORPORATED

FILED May 02 1997 8:00am Secretary of State



Principal Place of Business		Mailing Ad	ldress			I SODIAO SHED OWAL WITH SPAIN WATE DIST BIRTH ANDS MICH STATE STATE CONT.			
2850 DAIRY RD P. O. DRAWER TITUSVILLE FL	6586	P. O. DRAV	2850 DAIRY RD P. O. DRAWER 6566 TITUSVILLE FL 32796-1627						
US	US				3. Date incorporated or Qualified 3s. Date of Last Report 06/20/1970 05/01/1996			leport	
2 Principal Pl	ace of Business	2a. Mailing	Address			4- FEI Number		Aj	optied For
21		26				59-1304006			ot Applicable
Suite, Apt 1	#, etc	Suite, A	Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State)	City & S	State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability for			. 1 9 9.032,
24	25	29	<u>-</u>	30			Yes 🗌		
	9. Name and Address of Curr	ent Registered Ag	gent		- :::	10. Name and Address of New Ro	egistered A	gent	
SUZ	ANNE W. JONE			61	Name				
2850 DAIRY RD Titusville Fl. 32798				82	Street Ad	ldress (P.O. Box Number is Not Accepta	ble)		
1110	ONICL I E GE180			83	······································				***************************************
				84	City		F *1	85 Zip	Code
							FL	<u> </u>	
office or re agent. Lar	of the provisions of aections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such igations of, Section	n change was a n 607.0505, Flo	authorized by orida Statute	the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	porpose or c ept the appoi	intment as	registered
SIGNATURE	Signature, typed or proved name of registered.	agent and little d applicable	le (NOT	F: Registered Age	or signature re	quired when reinstating)	DATE		
12.		ND DIRECTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		ADDITIONS/CHANGES TO OFFI		DIRECTOR	1S IN 12
TITLE	PDST		DELETE	1.1 TITLE				Change	Addition
NAME .	SUZANNE W. JONES			1,2 NAME	ì				
STREET ADORESS	2850 DAILRY RD			1.3 STREET	ADDRESS				
CiTY-S1-ZiP	TITUSVILLE FL			1.4 CITY - 9	7 710				
TITLE	III VOI II E		DELETE	2.1 TITLE		V/D Michael S. Jones 2968 Brindywine Titusville, FL 32	1	Change	Addition
NAME				2.2 NAME	1.	Michael S. Jones	4	 !	•
STREET AODRESS				2.3 STREET	ADDRESS	2968 Brandywine	. Ciral	c	
CITY - S1 - ZIP				2.4 CITY-	ST-710	Titusvilla El 37	796		
101.6			DELETE	3.1 TITLE	31 111	1 / 2 22		Change	Addition
NAME				3.2 NAME			_	•	
STREET ADDRESS				3.3 STREET	ADDRESS				
CHY-ST-ZIP				3.4. CITY-					
TITLE	.,		DELETE	4.1 TITLE	V: -"		T	Change	Addition
NAME I				4.2 NAME	1		•		
STREET ADDRESS				4.3 STREET	Anneree				
				4.4 City - S					
DiTY-ST-ZiP TITLE			DELETE	5.1 TITLE	71 '611		1	Change	Addition
NAME				5.2 NAME	1		-		<u>-</u>
STREEL ADDRESS					ADORESS				
CITY - ST - ZIP				5.4 CITY-5					
TITLE			DELETE	6.1 TITLE	ot - Tit			Change	Addition
1			Cad Decert	6.2 NAME			•		
NAME				- 1	ADDRESS				
STREET ADORESS				6.3 STREE	1				
COLV ST-ZIP		the state of the state of		6.4 CITY - S	51 - ZIP	and in Control 440 07/0V/). Florido Carlo			

I. I do 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 3 if changed, or on an attachment with an address.

SIGNATURE:

SEPATURE AND TYPED OF DIMITED NAME OF SIGNING OFFICER OF DIRECTOR

4/24/97

407-267-1780