

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 426523 (7)

1. Corporation Name

J. RALPH JONES, INC.



Principal Place of Business

32625 LOUIS AVE SR 52
P.O. BOX 16
SAN ANTONIO FL 33576

Mailing Address

32625 LOUIS AVE SR 52
P.O. BOX 16
SAN ANTONIO FL 33576

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

9. Name and Address of Current Registered Agent

SUMNER, ROBERT
106 S 6TH ST.
DADE CITY FL 33525

3. Date Incorporated or Qualified
05/23/1973

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1468308

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☒ Yes ☐ No

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 607.07(4)(c) and 607.1506, 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, hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.07(4)(c), Florida Statutes.

SIGNATURE

(Signature of the person who is to be appointed as the registered agent)

(Signature of the person who is to be appointed as the registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	JONES, J. RALPH	32625 SR 52	SAN ANTONIO FL
	LAUKAT, JENNIFER J	BOX 731-32553 MICHIGAN	SAN ANTONIO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

800001717918

02/19/96 01017-014

***200.00

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(5)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 904-588-2277

CR2E034 (12/95)