FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **429290** **(0)**

1. Corporation Name
T. LARRY JONES, INC.

Principal Place of Business	Mailing Address
1055 SHAW LAKE ROAD P.O. BOX 498 PIERSON FLORIDA 32180	1055 SHAW LAKE ROAD P.O. BOX 498 PIERSON FLORIDA 32180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/27/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1047 SHAW LAKE ROAD	26 P.O. BOX 498
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PIERSON FL	City & State 28 PIERSON FL
Zip 24 32180	Zip 29 32180
County 25 U.S.A.	County 30 U.S.A.

4. FEI Number: 59-1468747 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, MARTIN A. 2048 LARCHMONTE DR DELAND FL 32724	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2048 LARCHMONT DRIVE 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. PLEASE CHANGE STREET NAME ONLY.

SIGNATURE: Martin A Jones V.P. 3/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	JONES, LARRY T.	1.2 NAME	JONES, T. LARRY	
STREET ADDRESS	2414 FREEDOM BLVD	1.3 STREET ADDRESS	1101 SHAW LAKE ROAD	
CITY-ST-ZIP	WATSONVILLE CA	1.4 CITY-ST-ZIP	PIERSON FL 32180	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	JONES, SUSAN L.	2.2 NAME	JONES, SUSAN L.	
STREET ADDRESS	2414 FREEDOM BLVD	2.3 STREET ADDRESS	1101 SHAW LAKE ROAD	
CITY-ST-ZIP	WATSONVILLE CA	2.4 CITY-ST-ZIP	PIERSON, FL 32180	
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	JONES, MARTIN A	3.2 NAME	JONES, MARTIN A.	
STREET ADDRESS	2048 LACHMONTE DR	3.3 STREET ADDRESS	2048 LARCHMONT DRIVE	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	DELAND FL 32724	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Martin A Jones V.P. 3/7/95 (904) 749-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404830 FP