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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

433177

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| GLENI | N I. JONES, INC. | | | | | | | |
|---|---|---|--|--|---|--------------------------|----------------------|--|
| Principal Place o | of Business | Mailing Address | | | | | 010H 010H 010H | |
| P. O. BOX 549 811 N. STH STREET LAKE CITY FL 32056-0549 | | P. O. BOX 549 811 N. 5TH STREET LAKE CITY FL 32056-0549 | | Date Incorporated or Qualified | 3a . Dat | e of Last Re | port | |
| US | . • • • • • • • • • • • • • • • • • • • | U\$ | | | 08/21/1973 | | 01/18/19 | |
| 2. Principal Plac | ce of Business | 2a. Mailing Address | · | | 4. FEI Number | 4 | | pplied For |
| 21 | of Doomlood | 26 | | | 59-1481922 | | | lot Applicable |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Fee R | Additional lequired |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | Added | May Be to Fees |
| Zip | Country | Zip | Countr | У | 8. This corporation has liability for | r intangible t s ∷∷No | tax under s | 199.032, |
| 24 | 9. Name and Address of Curre | 29 | 30 | | Florida Statutes X Ye 10. Name and Address of New | | Agent | |
| | 9. Name and Address of Curre | ent Registered Agent | | 1 Name | 10. 144110 21/41/40 | | | |
| IONEO | OLENNI CO | | | Ctroot Add | iress (P.O. Box Number is Not Accepta | able) | | |
| JONES, GLENN I. SR. 811 N. 5TH STREET LAKE CITY FL 32055 | | | 8: | Street Addi | reas (rO. Dox receptor) | | | |
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| or ropietoro | id agont or both in the State of FIO | irida. Such change was authori | izea av trie cor | rporation's boa | ration submits this statement for the p and of directors. I hereby accept the ap | pointment a | is registered | agent. I am |
| familiar with | n, and accept the obligations of, Sec | •••• | | | | | | |
| familiar with SIGNATURE | n, and accept the obligations of, Sec Signature, typed or printed name of registered age | ont and tide if applicable. (N | VOTE: Regist-red Ag | jant synature require | ed when reinstating) | DA'E | ID DISECTO | DO IN 12 |
| familiar with | n, and accept the obligations of, Sei Signalure, typed or printed name of registered ago OFFICERS A | ont and tide if applicable. (A ND DIRECTORS | NOTE: Regist-yed As | | ec when reinstating? ADDITIONS/CHANGES TO OF | | | |
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SIGNATURE;

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 (904) 752-5389