

DOCUMENT # 433177

1. Entity Name
GLENN I. JONES, INC.

Principal Place of Business
811 N 5TH ST
LAKE CITY FL 32055
US

Mailing Address
811 N 5TH ST
LAKE CITY FL 32055
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90015 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1481922** Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, GLENN I. SR.
811 N. 5TH STREET
LAKE CITY FL 32055

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JONES, GLENN SR.		NAME		
STREET ADDRESS	811 N. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JONES, GLENN JR.		NAME		
STREET ADDRESS	811 N. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JONES, DORIS		NAME		
STREET ADDRESS	811 N. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	JONES, DORIS		NAME		
STREET ADDRESS	811 N. 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn I. Jones President Date: 1/9/01 Daytime Phone #: 904-253-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR