

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 452905 (3)

1. Corporation Name

JONES, EDMUNDS & ASSOCIATES, INC.

Principal Place of Business

730 N. WALDO RD.
GAINESVILLE FL 32601-5678

Mailing Address

730 N. WALDO RD.
GAINESVILLE FL 32601-5678



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JONES, R.H.
730 N. WALDO RD.
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

05/14/1974

3a. Date of Last Report

08/04/1995

4. FET Number

59-1533071

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 607.0502 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when resigning)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME JONES, RICHARD H
STREET ADDRESS 4047 NW 13TH AVENUE
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE VSD
NAME EDMUNDS, ROBERT C.
STREET ADDRESS 3552 NW 30TH BLVD
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE V
NAME KEOUGH, DAVID
STREET ADDRESS 8802 S.W. 125TH AVE.
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE CEO
NAME MAXMAN, ROBERT J
STREET ADDRESS 10508 SW 41ST PL
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE V
NAME WHITE, TERRY
STREET ADDRESS 3008 S.W. 2ND COURT
CITY-STATE-ZIP GAINESVILLE FL

☐ DELETE

TITLE V
NAME FURLONG, WILL
STREET ADDRESS 8810 SW 15TH AVE.
CITY-STATE-ZIP GAINESVILLE FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME Laux, Steven J.
1.3 STREET ADDRESS 3473 N.W. 10th Avenue
1.4 CITY-STATE-ZIP Gainesville, FL 32605

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Caldwell, Kathy J.
2.3 STREET ADDRESS 4441 N.W. First Avenue
2.4 CITY-STATE-ZIP Gainesville, FL 32607

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE VD ☒ Change ☐ Addition

4.2 NAME Maxman, Robert J.
4.3 STREET ADDRESS 10508 S.W. 41st Place
4.4 CITY-STATE-ZIP Gainesville, FL 32608

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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

4/9/96 352/372 5821

CR2E034 (12/95)