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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
730 N. WALDO RD. GAINESVILLE FL 32601-5678	730 N. WALDO RD. GAINESVILLE FL 32641-3600

3. Date Incorporated or Qualified: **05/14/1974**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Street, Apt. #, etc. (22) — Street, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

4. FEI 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

9. Name and Address of Current Registered Agent
JONES, R.H.
730 N. WALDO RD.
GAINESVILLE FL 32601 32641

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	JONES,RICHARD H		1.2 NAME	KATHY CALDWELL	
STREET ADDRESS	4047 NW 13TH AVENUE		1.3 STREET ADDRESS	4941 NORTHWEST FIRST AVE	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EDMUNDS,ROBERT C.		2.2 NAME		
STREET ADDRESS	3552 NW 30TH BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KEOUGH, DAVID		3.2 NAME		
STREET ADDRESS	8802 S.W. 125TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	COO	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MAXMAN, ROBERT J		4.2 NAME		
STREET ADDRESS	10508 SW 41ST PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, TERRY		5.2 NAME		
STREET ADDRESS	3008 S.W. 2ND COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LAUX, STEVEN J.		6.2 NAME		
STREET ADDRESS	3473 NW 10TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: Dr Richard H. Jones 1/21/97 352/377-5821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DR RICHARD H. JONES

0059583