

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 452905  
Corporation Name  
JONES, EDMUNDS & ASSOCIATES, INC.

Principal Place of Business  
O N. WALDO RD.  
GAINESVILLE FL 32601-5678

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

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90006 004 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 730 N.E. WALDO RD. Suite, Apt. #, etc. BUILDING A City & State GAINESVILLE, FL Zip 32641		2a. Mailing Address 26 730 N.E. WALDO RD Suite, Apt. #, etc. 27 BUILDING A City & State 28 GAINESVILLE, FL Zip 29 32641		3. Date Incorporated or Qualified 05/14/1974	
				4. FEI Number 59-1533071	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, R.H. 730 N. WALDO RD. GAINESVILLE FL 32641				10. Name and Address of New Registered Agent			
				81 Name DR RICHARD H. JONES			
				82 Street Address (P.O. Box Number is Not Acceptable) 730 N.E. WALDO RD			
				83 BUILDING A			
				84 City GAINESVILLE FL 85 Zip Code 32641			

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.

GNATURE

Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
E	PTD	<input type="checkbox"/> DELETE			
1E	JONES, RICHARD H				
EET ADDRESS	730 NE WALDO RD				
ST-ZIP	GAINESVILLE FL 32641				
E	VSD	<input type="checkbox"/> DELETE			
1E	EDMUNDS, ROBERT C.				
EET ADDRESS	5417 NW 67TH ST				
ST-ZIP	GAINESVILLE FL 32653				
E	V	<input type="checkbox"/> DELETE			
1E	KEOUGH, DAVID				
EET ADDRESS	8802 S.W. 125TH AVE.				
ST-ZIP	GAINESVILLE FL				
E	V	<input type="checkbox"/> DELETE			
1E	CALDWELL, KATHY				
EET ADDRESS	4441 NORTHWEST FIRST AVE.				
ST-ZIP	GAINESVILLE FL				
E	V	<input type="checkbox"/> DELETE			
1E	WHITE, TERRY				
EET ADDRESS	6401 SW 93RD AVE				
ST-ZIP	GAINESVILLE FL 32608				
E	V	<input type="checkbox"/> DELETE			
1E	LAUX, STEVEN J.				
EET ADDRESS	3473 NW 10TH AVENUE				
ST-ZIP	GAINESVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		V LEMESH, MICHAEL S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME		730 N.E. WALDO RD			
1.3 STREET ADDRESS		GAINESVILLE, FL 32641			
1.4 CITY-ST-ZIP		GAINESVILLE, FL 32641			
2.1 TITLE		V SIEWERT, JEFFREY J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME		51 LADOGA AVE			
2.3 STREET ADDRESS		TAMPA, FL 33606			
2.4 CITY-ST-ZIP		TAMPA, FL 33606			
3.1 TITLE		V STRULY, MICHAEL E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME		4133 APPLE BLOSSOM ROAD			
3.3 STREET ADDRESS		LUTZ, FL 33549			
3.4 CITY-ST-ZIP		LUTZ, FL 33549			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 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

7/7/99

352/377-5821

CR2E034 (5/99)