

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

APPROVED  
AND  
FILED

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
Division of Corporations

DOCUMENT # **582746**

(4)

TRUBY L. JONES, INC.

95 MAY -1 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address		
4617 SUNSET BLVD TAMPA FL 33629	4617 SUNSET BLVD TAMPA FL 33629		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite Apt. # or	Suite Apt. # or		
22	27		
City & State	City & State		
23	28		
24	25	29	30
9. Name and Address of Current Registered Agent			
<b>JONES TIFFAN L</b> <b>4617 SUNSET BLVD</b> <b>TAMPA FL 33629</b>			
81	Name		
82	Street Address (P.O. Box Number Is Not Acceptable)		
83			
84	City		85 Zip Code
10. Name and Address of New Registered Agent			

11. Pursuant to the provisions of Sections 607.0507 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 Chapter 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
951	PD <b>JONES, TRUBY L. JR</b> 4617 SUNSET TAMPA FL	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
952		2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
953		3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
954		4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
955		5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
956		6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	
14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the description contained in the law (119.07(1)(b), Florida Statutes). I further certify that the information reflected 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 no officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, is listed in this section. This declaration applies to the filing of this document or any amendment thereto filed with this office.			

SIGNATURE: *T. Truby L. Jones* Dated April 26/95 S13 839-2841  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR