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Feb 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 604345 (9)

1. Corporation Name

MARTIN J. JONES, PROFESSIONAL ASSOCIATION



Principal Place of Business

145 FIFTH AVENUE NORTHEAST
ST PETERSBURG FL 33701

Mailing Address

145 FIFTH AVENUE NORTHEAST
ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Box 31 St. No.</i>		2a. Mailing Address		3. Date Incorporated or Qualified <i>05/18/1973</i>	
21. <i>P.O. Box 13108 24305</i>		26. <i>P.O. Box 13108</i>		4. FEI Number <i>59-1459771</i>	
22. <i>ST. PETERSBURG FL.</i>		27. <i>ST. PETERSBURG, FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. <i>33733</i>		28. <i>33733</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. <i>FLORIDA</i>		29. <i>FLORIDA</i>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JONES, MARTIN J.
145 FIFTH AVENUE NORTHEAST
ST PETERSBURG FL

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTVS	1.1 TITLE	PTVS
NAME	JONES, MARTIN J.	1.2 NAME	JONES, MARTIN J.
STREET ADDRESS	145 5TH AVE NE	1.3 STREET ADDRESS	1338 DARTFORD DR.
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	TARPON SPRINGS FL. 34689
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: *Martin J. Jones* MARTIN J. JONES 2/3/98 812-3370565

CR2E037 7/97