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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 631727 (5)

1. Corporation Name
THE JONES ARCHITECTURAL CORPORATION

Principal Place of Business
432 BEACH DRIVE NE
ST PETERSBURG FL 33701

Mailing Address
432 BEACH DRIVE NE
ST PETERSBURG FL 33701-3020

3. Date Incorporated or Qualified 08/02/1979
3a. Date of Last Report 02/28/1996

2. Principal Place of Business
21 3336-B Tyrone Blvd.
22 Suite, Apt. #, etc.
23 City & State St. Petersburg, FL
24 Zip 33710 25 Country USA

2a. Mailing Address
26 3336-B Tyrone Blvd.
27 Suite, Apt. #, etc.
28 City & State St. Petersburg, FL
29 Zip 33710 30 Country USA

4. FEI Number 59-1944032
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

10. Name and Address of New Registered Agent

JONES, RICHARD M.
432 BEACH DRIVE NE
ST. PETERSBURG FL 33701
JONES ARCHITECTURAL CORP.
3336-B TYRONE BLVD.
ST. PETERSBURG, FL 33710
TEL. 813-343-5333 • FAX: 813-343-5333

81 Name Jones, Richard M.
82 Street Address (P.O. Box Number is Not Acceptable) 3336-B Tyrone Blvd.
83
84 City St. Petersburg, FL FL 85 Zip Code 33710

11. Pursuant to the provisions of Sections 607.0505 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 *Richard M. Jones* RICHARD M. JONES, PRESIDENT 2-6-97
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	PD	<input type="checkbox"/> DELETE
NAME	JONES, RICHARD M.	
STREET ADDRESS	432 BEACH DRIVE NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, BETTY L.	
STREET ADDRESS	17167 2ND STREET EAST	
CITY-ST-ZIP	N. REDINGTON BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VICTORIA E. EATON	
STREET ADDRESS	432 BEACH DRIVE, N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JANIS LAMANCE FRELUGH	
STREET ADDRESS	3197 66TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3336-B Tyrone Blvd. No
1.4 CITY-ST-ZIP	St. Petersburg, FL 33710
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3197 66TH WAY NORTH
3.4 CITY-ST-ZIP	ST. PETERSBURG, FLORIDA
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	

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 in an attachment with my address.

SIGNATURE: *Richard M. Jones* FEB. 6, 1997 813-343-5333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

CR2E034 (9/96)