

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 639749 (1)

1. Corporation Name

DAVID C. JONES, INC.



Principal Place of Business

Mailing Address

3435 TENTH ST NORTH, SUITE 101
NAPLES FL 33940

3435 TENTH ST NORTH, SUITE 101
NAPLES FL 33940

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 1

Suite 1

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, DAVID C.
3435 TENTH STREET NORTH #101
NAPLES FL 33940-9807

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

Signature typed in print of registered agent and then applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JONES, DAVID C.
STREET ADDRESS 3435 TENTH ST., N., 1
CITY - ST - ZIP NAPLES FL

TITLE V
NAME JONES, KRENE COLE
STREET ADDRESS 5234 SEASHELL AVE
CITY - ST - ZIP NAPLES FL

TITLE S
NAME JONES, D C
STREET ADDRESS 382 RIDGE DR
CITY - ST - ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute further certification that the information indicated on this annual report or supplemental annual report is true and made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Appointment stated in Section 119.07(3)(k), Florida Statutes, and that my signature shall have the same legal effect as if this report as required by Chapter 617, Florida Statutes, and

SIGNATURE:

David C. Jones, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Y 22, 1996 (94) 263-1641

CR2E034 (3/96)