

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 823234 (0)

1. Corporation Name

PAUL H. JONES & COMPANY, INC.



Principal Place of Business

315 VANDERBILT DRIVE
LAKE WORTH FL 33460

Mailing Address

315 VANDERBILT DRIVE
LAKE WORTH FL 33460

3. Date Incorporated or Qualified

09/15/1969

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

21 2226 N. 49th Way

Suite, Apt. #, etc.

22

City & State

23 West Palm Beach FL

Zip

24 33417

Country

25 USA

2a. Mailing Address

26 2226 N. 49th Way

Suite, Apt. #, etc.

27

City & State

28 West Palm Beach, FL

Zip

29 33417

Country

30 USA

4. FEI Number

16-0729291

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

JONES, PAUL H
315 VANDERBILT DR
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2226 N 49th Way.

83

84 City

West Palm Beach

FL

85 Zip Code

33417

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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filer(s)

NOTE: Registered Agent Signature Required When Not a Director

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JONES, PAUL H | |
| STREET ADDRESS | 315 VANDERBILT DRIVE | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | JONES, AUDREY P | |
| STREET ADDRESS | 315 VANDERBILT DRIVE | |
| CITY - ST - ZIP | LAKE WORTH FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FRANKHOUSE, ROBERT E. | |
| STREET ADDRESS | 401 JEANINE DR. | |
| CITY - ST - ZIP | WEST PALM BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 2226 N. 49TH WAY |
| 1.4 CITY - ST - ZIP | West Palm Beach FL. 33417 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 2226 N. 49th Way |
| 2.4 CITY - ST - ZIP | West Palm Beach FL. 33417 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Paul H. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL H. JONES

4-9-96 407-588-2225

Date

Daytime Phone #

CR2E034 (12/95)