FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F36381** **(4)**

1. Corporation Name
DAVID M. JONES, JR. AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10501 SIX MILE CYPRESS. #107 FT MYERS FL 33912	10501 SIX MILE CYPRESS. #107 FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1981
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 2221 McGregor Blvd.	26 2221 McGregor Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft Myers Fl	28 City & State: Ft Myers Fl
24 Zip: 33901 25 County: Lee	29 Zip: 33901 30 County: Lee

4. FEI Number: 59-2113067 ☐ 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
CARTA, STEVEN 1619 JACKSON ST FT MYERS FL 33901	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	JONES, DAVID M JR	1.2 NAME	
STREET ADDRESS	10501 6 MILE CYPRESS #107	1.3 STREET ADDRESS	2221 Mc Gregor Blvd.
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Ft Myers, Fl 33901
TITLE	V	2.1 TITLE	☑ Change ☐ Addition
NAME	DISERIO, GREGORY J	2.2 NAME	
STREET ADDRESS	10501 6 MILE CYPRESS #107	2.3 STREET ADDRESS	2221 Mc Gregor Blvd.
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft Myers, Fl 33901
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JONI G	3.2 NAME	
STREET ADDRESS	3732 MCGREGOR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Joni G. Jones Joni G. Jones 4/20/95 (813) 337-5525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382646 CP