FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED Apr 14 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # F36381 (4)DAVID M. JONES, JR. AND ASSOCIATES, INC. Principal Place of Business Mailing Address 2221 MCGREGOR BLVD 2221 MCGREGOR BLVD FT. MYERS FL 33901 FT. MYERS FL 33901-3311 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1981 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For sam 59-2113067 21 26 Not Applicable Suite, Apt. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes No 25 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CARTA, STEVEN 1619 JACKSON ST Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 83 84 City 85 Zip Code FL ions of Sections 697.0,02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered jont, or both, inche State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELETE Change Addition TITLE 1.1 TITLE JONES, DAVID M JR NAME 1.2 NAME 2221 MCGREGOR BLVD STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELFTE Change Addition TITLE 2.1 1011.6 DISERIO, GREGORY J NAME 2.2 NAME 2221 MCGREGOR BLVD STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2. 4 CITY-ST-ZIF DELETE Change Addition TITLE 3.1 TITLE NAME JONES, JONI G 3.2 NAME 3732 MCGREGOR BLVD STREET ADDRESS 3.3 STREET ADDRESS FT MYERS FL CITY-ST-ZIP 34. CITY- \$1-7(P DELETE. Change Addition TITLE 4.1 1000 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 Off Y-S1 - ZIP DELETE Change Addition TITLE 5.1 10118 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption statud 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 eath; that I am an officer or director of the corporation or the receiver or most permanent of the corporation or the receiver or made empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

5.4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME

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DELETE

Change

Addition