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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F36381

DAVID M. JONES, JR. AND ASSOCIATES, INC.

	, , , , , , , , , , , , , , , , , , ,							
Principal Place of Business Mailing Address								1111
2221 MCGREGOR BLVD FT. MYERS FL 33901			2221 MCGREGOR BLVD FT, MYERS FL 33901					
US US						DO NOT WRITE IN THIS SPACE		
	,						3. Date Incorporated or Qualifed 05/26/1981	
0 0 0 0 0		20 14	ailing Address				4. FEI Number Applied Fo	
<b>⊸</b> , '	ace of Business	<b>⊢</b>	ailing Address				59-2113067 Not Applica	
21 Suite Ant	# etc		Suite, Apt.#, etc.				\$8-75-Additions	
Suite, Apt. #, etc.		27	<del>_</del>				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	
23		<u>-</u>	28				Trust Fund Contribution Added to Fees	
Zip	Country		Zip Country				8. This corporation owes the current year Intangible	٦
24	25 29			30	o ·		Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New Registered Agent	
					11	Name		
Carta, Steven				8	2	Street Addre	ress (P.O. Box Number is Not Acceptable)	
1619 JACKSON ST			ľ	-		Miesa (r.o. box Hamber to Hot Acceptable)		
FT M	IYERS FL 33901			8	3			İ
					14	City	<b>■ 85</b> Zip Code	
				ì	1	•	<b>FL</b>   T	]
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							<u> </u>	. 1
	Signature, typed or printed name of registered ag			Registered Ag	jent	signature required	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
12.	OFFICERS A	ND DIRECT	DELETE	1.3 TITLE	_	1	Change Ad	
TITLE			OLLLIC	1.2 NAM		1		ļ
NAME:	JONES, DAVID M JR					ADDRESS		
STREET ADDRESS	2221 MCGREGOR BLVD			1				
CITY-ST-ZIP	FT MYERS FL.		☐ DELETE	1.4 CITY 2.1 TITLE		-217	☐ Change ☐ Ad	Idition
TITLE	•		becele	2.2 NAM				ł
NAME	DISERIO, GREGORY J 2221 MCGREGOR BLVD		-			ADDRESS		
STREET ADDRESS	FT MYERS FL			2.4 CITY		1	للمحادث فالمنافض والأرادي والمارات المهيام	
CITY-ST-ZIP	ST ST		□ DELETE	3.1 TITLE		I-ZIP	☐ Change ☐ Ad	dition
TITLE	JONES, JONI G			3 2 NAM			_	
NAME express annueses	3732 MCGREGOR BLVD					ADDRESS	· .	İ
STREET ADDRESS	FT MYERS FL			3.4. CITY				
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE			☐ Change ☐ Ad	dition
NAME	1. A. C. M. C. M.			4, 2 NAM	Œ		•	
STREET ADDRESS	· ·					ADDRESS	•	
CITY-ST-ZIP				4.4 CITY				
TITLE		<del></del> -	☐ DELETE	5.1 TITLE			☐ Change ☐ Ad	dition
NAME	•			5.2 NAM				Ì
STREET ADDRESS				5.3 STRI	EET,	ADDRESS	•	
CITY-ST-ZIP	. ,			5.4 CITY	-ST	-ZIP	;	
TITLE			☐ DELETE	6.1 TITL	E		Change Ad	ldition
NAME				6.2 NAM	E	1	,	1
STREET ADDRESS				6.3 STRI	EET,	ADDRESS		-
CITY-ST-7IP				6,4 CITY	-ST	ZIP		

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE

May 04, 1999 8:00 am Secretary of State

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