

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F45713 (7)

1. Corporation Name
JONES-RILEY AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

BOX 4914 DOGWOOD DR
MARIANNA FL 32446

PO BOX 399
MARIANNA FL 32447
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1981

4. FEI Number

59-2137257

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 4338 Lafayette St
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Marianna FL

28

24 Zip

25 Country

29 Zip

30 Country

32446

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, SIDNEY W
4914 DOGWOOD DR.
MARIANNA FL 32447

81 Name

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

83

84 City

Marianna

FL

85 Zip Code

32446

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

Sidney W Riley

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME JONES, CHRISTOPHER H
STREET ADDRESS 31 ERLAND ROAD
CITY-ST-ZIP STONEY BROOK, NY 0

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME RILEY, SIDNEY W
STREET ADDRESS 4914 DOGWOOD DRIVE
CITY-ST-ZIP MARIANNA, FL 0

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4338 Lafayette St
Marianna, FL 32446

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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.

SIGNATURE

Sidney W Riley

4/24/98 850/

CR2E034 (10/97)