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 # **F95000001455 (3)**

1. Corporation Name

W.J. JONES ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
1983 MARCUS AVE. LAKE SUCCESS NY 11042	1983 MARCUS AVE. LAKE SUCCESS NY 11042

2. Principal Place of Business 21 1979 MARCUS AVE Suite, Apt. #, etc. 22 C101 City & State 23 LAKE SUCCESS NY Zip 24 11042 Country 25 NASSAU	2a. Mailing Address 26 1979 MARCUS AVE Suite, Apt. #, etc. 27 C101 City & State 28 LAKE SUCCESS NY Zip 29 11042 Country 30 NASSAU

3. Date Incorporated or Qualified 03/27/1995	3a. Date of Last Report
4. FEI Number 11-2583230	☐ 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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

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 JOHN P. SHERLOCK, PRESIDENT

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	SHERLOCK, JOHN P		12 NAME
STREET ADDRESS	79 HEGEMANS LN.		13 STREET ADDRESS
CITY-ST-ZIP	OLD BROOKVILLE NY 11545		14 CITY-ST-ZIP
TITLE	VD	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	SHERLOCK, ROBERT F		22 NAME
STREET ADDRESS	19 SHERWOOD ST.		23 STREET ADDRESS
CITY-ST-ZIP	NORWALK CT 06851		24 CITY-ST-ZIP
TITLE	VD	☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	SHERLOCK, KEVIN J		32 NAME
STREET ADDRESS	23 OXFORD RD.		33 STREET ADDRESS
CITY-ST-ZIP	OLD BETHPAGE NY 11804		34 CITY-ST-ZIP
TITLE	VD	☐ DELETE	41 TITLE VD ☒ Change ☐ Addition
NAME	BINGHAM, GEORGE F		42 NAME BINGHAM, GEORGE F.
STREET ADDRESS	15 RICHLEE CT.		43 STREET ADDRESS 575 ALBANY AVE 334
CITY-ST-ZIP	MINEOLA NY 11501		44 CITY-ST-ZIP AMITYVILLE NY 11701
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 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 added above or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. SHERLOCK, PRESIDENT

Date Daytime Phone #

CR2E034 (12/95)