

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90073 041 ***150.00

DOCUMENT # F98000001017

1. Corporation Name

JONES & FRANK CORPORATION

Principal Place of Business

1300 INGLESIDE ROAD
NORFOLK VA 23502

Mailing Address

1300 INGLESIDE ROAD
NORFOLK VA 23502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

54-0887401

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENDLE, TOM A	
STREET ADDRESS	1300 INGLESIDE ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PRENTISS JR, J H	
STREET ADDRESS	1300 INGLESIDE ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CROSS, RALPH R	
STREET ADDRESS	1300 INGLESIDE ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	EVERETT, O L	
STREET ADDRESS	1300 INGLESIDE ROAD	
CITY-ST-ZIP	NORFOLK VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWEN, DAVID L	
STREET ADDRESS	2910 DEEPWATER TERMINAL RD	
CITY-ST-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPANGLER, L W	
STREET ADDRESS	150 FORT COLLIER RD	
CITY-ST-ZIP	WINCHESTER VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

RALPH R. CROSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph R. Cross CFO

1/4/99

Date

757-857-5700

Daytime Phone #

CR2E034 (1/98)