

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 11:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G46098

(1)

1. Corporation Name

JONES AND COMPANY, INC.

Principal Place of Business

**C/O R D JONES
809 E OSCEOLA ST
STUART FL 34994**

Mailing Address

**C/O R D JONES
809 E OSCEOLA ST
STUART FL 34994**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/23/1983

3a. Date of Last Report
04/26/1994

4. FEI Number
59-2308991

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**JONES, ROBERT D.
278 S.E. MACARTHUR BLVD.
STUART FL 34998**

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

Robert D. Jones

Robert D. Jones

4-24-95

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **JONES, RD**
STREET ADDRESS **278 S.E. MACARTHUR BLVD.**
CITY - ST - ZIP **STUART, FL 00000**

TITLE **DST**
NAME **JONES, VIVIAN I.**
STREET ADDRESS **278 S.E. MACARTHUR BLVD.**
CITY - ST - ZIP **STUART FL**

TITLE **D**
NAME **JONES, MARK G.**
STREET ADDRESS **3640 SW ST LUCIE SHORES DR**
CITY - ST - ZIP **PALM CITY FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

VP

**Thomas Delattre
4246 SW Bimini Circle South
Palm City, FL 34990**

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 (including or on an attachment with an address).

SIGNATURE:

Robert D. Jones

Robert D. Jones 4-24-95 407-221-0100

(NOTE: Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)