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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State

DIVISION OF CORPORATIONS

1996

G46098 **DOCUMENT #**

(1)

JONES AND COMPANY, INC.

incina	I Place of Business	ı

C/O R D JONES 809 E OSCEOLA ST

Mailing Address

C/O R D JONES 809 E OSCEOLA ST



STUART FL 3	4994	STUART FL 34994				···		
					 Date Incorporated or Qualified 06/23/1983 	3a. Date of La 04/27/		
2. Principal Pla	ce of Business	2a. Mailing Address	OD4	D4	4. FEI Number		Applied For	
21		26 C/O R.J. Flo	wers, CPA,	PA	59-2308991		Not Applicable	
Suite, Apt. #	, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	ate of Status Desired \$8.75 Additional		
City & State		27 40 East Osceola Street			Fee Hequired			
23		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip	Country	28 Stuart, Flor	Coun y				Added to Fees	
24	25	29 34994	30 USA		8. This corporation has liability for in Florida Statutes Yes	intangible tax und No	ler s 199.032,	
	9. Name and Address of Curre		1301		10. Name and Address of New R			
			€1 Name					
JONES.	robert d.		L	Delai	ttre, Thomas			
	MACARTHUR BLVD.		£2 Stree	4246	(P.O. Box Number is Not Acceptable SW Bimini Circle S	⊪ei South		
	FL 34996		€3	1210	Di Dimini Circle L	JOUCII		
0.0/11								
			84 Gity	Polm	City,	FL 85	Zip Code 34990	
11. Pursuant to	the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	s. the abovi -named o					
or registere	d agent, or both, in the State of Flor n, and accept the obligations of Sec	ida. Such change was authorized	d by the colporation!	's board o	fidirectors. Thereby accept the appo	pintment as regist	lered agent. I am	
	L 1 1 7	non 617.0505, Fiorida Statutes			4.	-23-96		
SIGNATURE .	Signature typed or pente I name of registers-1 ages	Tar 1 to Life application (NOT)	r. Boy territ A list signatur	cifed most wife	er os jedalogi	DATE /		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	ICERS AND DIRE	CTORS IN 12	
TIFLE	DP	🔀 DELETE	1 1 1/108	DP		ૄ Cha		
NAME	Jones, RD		1.2 NAMU		lattre, Thomas	24		
STREET ADDRESS	278 S.E. MACARTHUR BLVD),	1.3 STRUIT ADDRESS	1.27	66 SW Bimini Circle	01		
CITY-ST-ZIF	STUART, FL 00000		14 CITY ST-ZP					
TITLE	DST	X DELETE	2 1 TITLE	D Pal	lm City, FL 34990	Cha	ange Addition	
NAME	Jones, vivian I.		2.2 NAM:	_	VES, ROBERT D.			
STREET ADDRESS	278 S.E. MACARTHUR BLVD).	2.3 STREET ADDRESS	270	SE MACARTHUR BLVD			
CITY-ST-ZIP	STUART FL		2.4 CITY ST-ZIP			'•		
TITLE	D	X DELETE	3 1 TiTE:	016	JART, FL 34996	Cria	ange 🔲 Addition	
NAME	JONES, MARK G.		3.2 NAV					
STREET ADDRESS	3640 SW ST LUCIE SHORES	S DR	33 STR EF ADDRESS	s				
CITY-ST-ZIP	PALM CITY FL		3.4 City St-ZiF					
TITLE	VP	X) DELETE	4 1 TITL	1		☐ Cha	inge 🔲 Addition	
NAME	DELATTRE, THOMAS		4.2 NAM					
STREET ADDRESS	4246 SW BIMINI CIRCLE SO	UTH	4.3 STREET ADORESS	,				
CITY-ST-ZIP	PALM CITY FL		44 CITY ST ZIP					
TITLE		▼ DELETE	5 1 TITL			☐ Cha	inge 🔲 Addition	
NAME			52 NAM				1	
STREET ADDRESS			5.3 STREET ADDRESS	: [i	
CITY-ST-ZIP			54 CHY ST-ZIP					
TITLE		☐ DELETE	6 1 TITL			☐ Cha	inge 🔲 Addition	
NAME			6.2 NAM					
STREET ADDRESS			6.3 STREET ADDRESS	,				
CITY - ST - ZIP			64 CITY ST-ZIP					
14. I do hereby	certify that the information supplied	with this fano is voluntarily furnis	hed and does not go	valify for th	e exemption stated in Section 1191	07/3)/M Etorida S	tatutes I furtoer	

red below certify that the information indicated on this annual report or supplemental annual report is the and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO THE

4-23-96

407-221-0100 Daytime Phone #

CR2E034 (12/95)