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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

H17414

(4)

DAN JONES INVESTMENTS, INC.

Principal Place of Business Mailing Address 1403 DUNN AVE., SUITE #1 1403 DUNN AVE., SI JACKSONVILLE FL 32218-4874 JACKSONVILLE FL 3					·				
						3. Date incorporated or Qualified	3a. Dai	e of Last	
2. Principal Pla	ace of Business	2a. Mailing Address			08/21/1984 4. FEI Number	05/01/1995			
21		26	26			Applied For			·+·
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	r —ı				Not Applicable \$8.75 Additional		
City & State		27	-+			5. Gertificate of Status Desired			e Required
23		Oity & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
24]	Country 25	Zip [29]	30			This corporation has liability for intangitile tax under s 199,032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Curr	ent Registered Agent		I		10. Name and Address of New Ro	gistered	Agent	
1011-1	D D444 6			81	Name				
JUNES	JONES, DANA E.				Street Add	Street Address (P.O. Box Number is Not Acceptable)			
1403 DUNN AVE., SUITE #1 JACKSONVILLE FL 32218				83					
JACKS	MINITE FL SZZÍB			63					
				84	Crty		FL	85 2	Zip Code
SIGNATURE	ed agent, or both, in the State of Fic n, and accept the obligations of, Se Parking band or problems or replaced age	ction 607,0505, Florida Statute	S.	, o , p o		ration submits this statement for the purp aid of directors. Thereby accept the appo	icse of cha intment as	inging its registere	registered office od agent, I am
12.		ND DIRECTORS	13.	- AGING	signature ne pin		D41:	EVEN AT	
TITLE	PST	□ DELETE	1 1 7	ILE	·	ADDITIONS/CHANGES TO OFFIC			
NAME	BATTON, KATHRYN V.		1.2 NA				L	Change	☐ Addition
STREET ADDRESS	1403 DUNN AVENUE #1		1356	REET A	LDDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		1401	ty - St -	- ZIP				
TITLE		2 1 71	1LE			- ·	7 Change	Addition	
NAME			22 NA	MŁ			-		
STREET ADDRESS			2.3 \$16	RELT A	DORESS				
CITY-ST-2IP TITLE			2 4 CIT	Y - \$1 -	ZIP	_			
NAME		Decete	3 1 111	ILE] Change	Addition
STREET ADDRESS			3 2 NA	MÉ	j				
CITY-ST-ZIP			1		UDDRESS .				
TITLE	·	DELETE	3 4 CH		ZIP				
NAME		ר ווייים אנוניונ	4 1 1 17] Change	Addition
STREET ADDRESS			4 2 NA		DOCCO.				
CITY-SI-ZIP			4 3 STH		i				
TITLE		☐ DELFTE	4 4 CiT		Z)r'			1 05	
NAME		-	5 2 NAM				L] Change	Addition
STREET ADDRESS			5 3 STR		VORESS .				
CITY-ST-ZIP	**		5.4 CIII		i				
TITLE	DELETE			LF	··		··	1 Change	☐ Addding
NAME			62 NAN				L	, charge	Addition .
STREET ADDRESS			63SIR		DRESS				
CITY-ST-ZIP			E A CUTS	2 CT 1	240				
oam: mar i a	certify that the information supplied he information indicated on this anni on an officer or director of the corpo lock 12 or Block 13 if changed, or a	writing, or the reception as a second	ished and de lial report is	oes n	not qualify fo	or the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Florid	(3)(k). Flori nie lega' e da Statutes	da Statut ffect as if s: and tha	es. I further made under at my name

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 9047573460