# 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 # **K45133** **(1)**

1. Corporation Name

**KEN JONES CERAMIC TILE CONTRACTORS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9389 HACKBERRY DR. (32310)<br>P.O. BOX 6068<br>TALLAHASSEE FL 32314 | 9389 HACKBERRY DR. (32310)<br>P.O. BOX 6068<br>TALLAHASSEE FL 32314-6068<br>US |

| | |
|---|---|
| 2. Principal Place of Business (32311) | 2a. Mailing Address (32311) |
| 21 5570 Pedrick Plantation Circle | 26 5570 Pedrick Plantation Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 P.O. Box 6068 | 27 P.O. Box 6068 |
| City & State | City & State |
| 23 Tallahassee FL. | 28 Tallahassee FL. |
| Zip / Country | Zip / Country |
| 24 32314 / 25 U.S. | 29 32314-6068 / 30 U.S. |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/15/1988 | 3a. Date of Last Report: 04/21/1995 |
| 4. FEI Number: 59-2914237 | ☐ 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**

JONES, MARY
9389 HACKBERRY DRIVE
TALLAHASSEE FL 32310

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 5570 Pedrick Plantation Circle

83

84 City Tallahassee FL 85 Zip Code 32311

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | ☑ Change ☐ Addition: P |
| NAME | JONES, KEN | | 1.2 NAME | |
| STREET ADDRESS | 9389 HACKBERRY DRIVE | | 1.3 STREET ADDRESS | Jones, Ken 5570 Pedrick Plantation Circle |
| CITY-ST-ZIP | TALLAHASSEE FL | | 1.4 CITY-ST-ZIP | Tallahassee, FL. 32311 |
| TITLE | S | ☐ DELETE | 2.1 TITLE | ☑ Change ☐ Addition: S |
| NAME | JONES, MARY | | 2.2 NAME | |
| STREET ADDRESS | 9389 HACKBERRY DRIVE | | 2.3 STREET ADDRESS | Jones, Mary 5570 Pedrick Plantation Circle |
| CITY-ST-ZIP | TALLAHASSEE FL | | 2.4 CITY-ST-ZIP | Tallahassee, FL. 32311 |
| TITLE | | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

**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)(k), 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.

**SIGNATURE:** Ken Jones 04-13-96 545-6146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #