FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K70002

(6)

C-D JONES & COMPANY, INC.

FILED
Jan 16 1997 8:00am
Secretary of State



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Principal Place of Business Mailing Address					1 1981911) 911 10611 59111 99111 80110 (11	s todiletti Ats todin skini biliti döttö tibr biliti dibit dibit dibit dibit		
% DENNIS A.	% DENNIS A. JONES							
3022 CLUB DR DESTIN FL 32	R. SANDESTIN ESTATES	3022 CLUB DR. SANDES' DESTIN FL 32541	TIN ESTATES					
DESTIN FL SE	∞ 1	DESTINATE SESTI			3. Date Incorporated or Qualified	3a. Date of Last Report		
					03/03/1989	01/23/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied Fo		
21		26			59-2935678	Not Applica		
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona		
22		27			5. Certificate of Status Desired	Fee Required		
City & Star	te	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Ζip	Country	Zip	Count	ry	8. This corporation has liability fo			
24	25	29	30	·		Yes No		
	9. Name and Address of Curre	ent Hegistered Agent		1 Name	10. Name and Address of New R	egistered Agent		
	ves, dennis a.		°	Name				
	3022 CLUB DR			2 Street Add	iress (P.O. Box Number is Not Accepta	ible)		
DESTIN FL 32541			_	10.				
			ľ	13				
			Ē	4 City		85 Zip Code		
						FLI		
agent La SIGNATURE					poration submits this statement for the tion's board of directors. I hereby account wired when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
THILE	D	☐ DELETE	1.1 TITUE			Change Add		
NAME	JONES, DENNIS A.		1.2 NAM	ie)				
STREET ADDRESS	3022 CLUB DRIVE		1.3 STRE	ET ADDRESS				
CHTY-ST-ZIF	DESTIN FL		1.4 CITY	-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITU	F		☐ Change ☐ Add		
NAME	JONES, CYNTHIA L		2.2 NAM	IE)				
STREET ADORESS			2.3 STRE	EET ADDRESS				
CITY - ST - ZIP	DESTIN FL		2. 4 CITY	/-ST- <i>2</i> 1P				
TITLE		☐ DELETE	3.1 TITLI			∐ Change ☐ Add		
NAME			3.2 NAM	E				
STREET ADDRESS			3 3 STRE	EET ADORESS				
CITY - ST - ZIP				Y - ST - ZIP				
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STREET ADDRESS				EET ADDRESS				
CITY - ST - ZIP		T 1 acces		-ST-ZIP				
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NAME			52 NAM					
STREET ADDRESS			53STR	EET ADDRESS				
CITY - S1 - ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITL	E		Change Add		
NAME			6.2 NAM	ie				
STREET ADDRESS			6.3 STRE	EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

14. I do 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 components of 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:

LIMIN A JONES
THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-7-97

904-167-3771