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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

MIAMI FL 33142-6953

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

29

DOCUMENT # K72856

Corporation Name

JONES SHIPYARD, INC.

MIAMI FL 33142-6953

2. Principal Place of Business

JONES, CLEVELAND, II

Suite, Apt. #, etc.

City & State

3

4

Zip

Principal Place of Business : Mailing Address

% CLEVELAND JONES, II : % CLEVELAND JONES, II : 3399 N.W. SOUTH RIVER DR. : 3399 N.W. SOUTH RIVER DR.

9. Name and Address of Current Registered Agent

Country

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90005 030 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Ľ¶No.

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

03/15/1989

59-0832181

4. FEI Number

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent	City FL e-named corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the appoint of signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN TADDRESS T-ZIP	changing its ntment as req	registered gistered
Office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent) I2. OFFICERS AND DIRECTORS I3. III.E PD JONES, CLEVELAND, II 12. NAME JONES, CLEVELAND, II 13. STREET AME JONES, CAROLINE TITLE JONES, CAROLINE 3399 N.W. SOUTH RIVER DR JONES AROLINE 311TILE JONES AROLINE 32 NAME 33 STREET 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP 34 CITY-ST-ZIP	e-named corporation submits this statement for the purpose of the corporation's board of directors. I hereby accept the appoint signature required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND TADORESS T-ZIP	changing its nument as required. ID DIRECTO	registered gistered RS IN 12
To office or registered agent, or both, in the State of Florida. Such change was authorized by a agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent) 13. ITLE	the corporation's board of directors. I hereby accept the appoint signature required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND TADDRESS T-ZIP TADDRESS	ID DIRECTO	RS IN 12
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ME A MONTH A MATTER		- •	_
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Y-ST-ZIP 6.4 CITY-SI	r-ZIP		
I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that		tify that the in	formation

Country

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SIGNATURI

SIGNATURE AND TYPES OF PRINTED NAMEOF SIGNING OFFICER OR DIRECTOR

Jones 1/8/99

305-635-0891

Daytime Phone #

CR2E034 (11/98)