FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L73495** **(8)**

1. Corporation Name
JONES ENTERPRISES OF BARTOW, INC.

Principal Place of Business	Mailing Address
% ELOUISE J. MITCHELL 930 E TEE CIR BARTOW FL 33830	% ELOUISE J. MITCHELL 930 E TEE CIR BARTOW FL 33830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/14/1990**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3047660** ☐ 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

MITCHELL, ELOUISE J.
930 E TEE CIR
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KATIE M JONES	1.2 NAME	WILLIE L JONES	
STREET ADDRESS	10 NE 214TH ST	1.3 STREET ADDRESS	2452 NW 104TH ST	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL	
TITLE	TD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	WRIGHT, FLORA J.	2.2 NAME	WRIGHT, FLORA J.	
STREET ADDRESS	202 E EDGEWOOD DR #21	2.3 STREET ADDRESS	5140 MISTY LAKE DR	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	MULBERRY FL	
TITLE	DM	3.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, ELOUISE J.	3.2 NAME		
STREET ADDRESS	930 E TEE CIR	3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, GLORIA J.	4.2 NAME		
STREET ADDRESS	4060 OLD FAIRBURN RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	COLLEGE PARK GA	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROOSEVELT	5.2 NAME		
STREET ADDRESS	1128 NOSTRAND AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, MACK A.	6.2 NAME		
STREET ADDRESS	2125 HIGH POINT TRAIL SW	6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP		

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)(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 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: Elouise J. Mitchell ELOUISE J. MITCHELL 4/17/95 813-533-1391
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447793 PP