

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L73495 (8)

1. Corporation Name

JONES ENTERPRISES OF BARTOW, INC.



Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified
05/14/1990

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME KATIE M JONES
STREET ADDRESS 10 NE 214TH ST
CITY- ST- ZIP MIAMI FL
☐ DELETE

TITLE TD
NAME WRIGHT, FLORA J.
STREET ADDRESS 5140 MISTY LAKE DRIVE
CITY- ST- ZIP MULBERRY FL
☐ DELETE

TITLE DM
NAME MITCHELL, ELOUISE J.
STREET ADDRESS 930 E TEE CIR
CITY- ST- ZIP BARTOW FL
☐ DELETE

TITLE SD
NAME WILLIAMS, GLORIA J.
STREET ADDRESS 4060 OLD FAIRBURN RD
CITY- ST- ZIP COLLEGE PARK GA
☐ DELETE

TITLE D
NAME JONES, ROOSEVELT
STREET ADDRESS 1128 NOSTRAND AVE
CITY- ST- ZIP BROOKLYN NY
☐ DELETE

TITLE VD
NAME JONES, MACK A.
STREET ADDRESS 2125 HIGH POINT TRAIL SW
CITY- ST- ZIP ATLANTA GA
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Willie L. Jones
1.3 STREET ADDRESS 2452 NW 104TH ST.
1.4 CITY- ST- ZIP Miami, FL 33147
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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: Eloise J. Mitchell Eloise J. Mitchell 4/15/96 941-533-1391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)