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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified **05/14/1990** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

4. FEI Number **59-3047660** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	Change	Addition	
NAME	KATIE M JONES			1.2 NAME			
STREET ADDRESS	10 NE 214TH ST			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP			
TITLE	TD	DELETE		2.1 TITLE	Change	Addition	
NAME	WRIGHT, FLORA J.			2.2 NAME			
STREET ADDRESS	5140 MISTY LAKE DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	MULBERRY FL			2.4 CITY - ST - ZIP			
TITLE	DM	DELETE		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	DELETE		4.1 TITLE	Change	Addition	
NAME	WILLIAMS, GLORIA J.			4.2 NAME			
STREET ADDRESS	4080 OLD FAIRBURN RD			4.3 STREET ADDRESS			
CITY - ST - ZIP	COLLEGE PARK GA			4.4 CITY - ST - ZIP			
TITLE	D	DELETE		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	DELETE		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 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: Eloise J. Mitchell Eloise J. Mitchell 2/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)