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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73495 1. Corporation Name

JONES ENTERPRISES OF BARTOW, INC.

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

Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90026 023 ***150.00



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Principal Place	e of Business	Mailing Address		`			
% ELOUISE J.		% ELOUISE J. MITCHELL					
930 E TEE CIR 930 È TEE CIR 8ARTOW FL 33830 BARTOW FL 33830			•	DO NOT WRITE IN THIS SPACE			
DAITION 12 00				3. Date Incorporated or Qualifed			
	•			05/14/1990			
2. Principal Pl	lace of Business A 1 1	2a. Mailing Address		4. FEI Number	Ap	plied For	
21 - 0	wise Mitchel	126 430 E. Te	je Cr.	59-3047660	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	• -	Additional	
22	<u>and the second and t</u>	27		v. Connecte of Status Desires	Fee Re	quired	
City & State	<u> </u>	City & State	-/	6. Election Campaign Financing	\$5.00		
23 Bar	Taw, H.	28 Darlew	<u> </u>	Trust Fund Contribution	Added t	io Fees	
Zip A	Country 11		Palk	8. This corporation owes the current year In		□No	
24 338	30 25 10 K	29 <i>33830</i> 30	o HOIK		∐ Yes	□NO	
	9. Name and Address of Current	Registered Agent	94 Nome	10. Name and Address of New Registered	Agent		
MITT	CHELL, ELOUISE J.		81 Name	·			
	E TEE CIR		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)			
	TOW FL 33830			<u> </u>			
DAM	IOM EL 30000		83				
			84 City		85 Zip	Code	
	•	•					
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above-named co	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	t changing its sintment as re	registerea aistered	
office of r	registered agent, or both, in the State to im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.	and the board of an obtained, though a coope and appe		•	
SIGNATURE		•					
- CIONATONE	Signature, typed or printed name of registered agent		egistered Agent signature requ	oired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	DS IN 12	
12. ·	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	Addition	
TITLE	P	☐ DELETE	1.1 TITLE		Ollange		
NAME	KATIE M JONES	, i	1.2 NAME				
STREET ADDRESS			1.3 STREET ADORESS				
CITY-ST-ZIP	MIAMI FL						
TITLE	TD		1.4 CITY-ST-ZIP		Change	☐ Addition	
NAME		☐ DELETE	2.1 TITLE		☐ Change	Addition	
STREET ADDRESS	WRIGHT, FLORA J.	DELETE			Change	☐ Addition	
CITY-ST-ZIP	5140 MISTY LAKE DRIVE	☐ DELETE	2.1 TITLE		☐ Change	Addition	
			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE	5140 MISTY LAKE DRIVE MULBERRY FL DM	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	<u>.</u>	☐ Change	Addition	
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!	5140 MISTY LAKE DRIVE MULBERRY FL DM MITCHELL, ELOUISE J.		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · ·			
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14. I 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, with all other like empowered.