FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # M67163 (9)

1. Corporation Name
WILLIAM E. JONES, C.P.A., P.A.

Principal Place of Business
1284-B TIMBERLANE ROAD
TALLAHASSEE FL 32312-1765

Mailing Address
1284-B TIMBERLANE ROAD
TALLAHASSEE FL 32312-1765

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business
21 2233 Monaghan Dr
Suite, Apt. #, etc.
22
City & State
23 Tallahassee FL
Zip 24 32308 County 25 Leon

2a. Mailing Address
26 2233 Monaghan Dr
Suite, Apt. #, etc.
27
City & State
28 Tallahassee FL
Zip 29 32308 County 30 Leon

4. FEI Number: 59-2872565 ☐ 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

JONES, WILLIAM E.
~~1284-B TIMBERLANE ROAD~~ 2233 Monaghan Dr
TALLAHASSEE FL ~~32312~~ 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2233 Monaghan Dr
83
84 City Tallahassee FL 85 Zip Code 32308

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] DATE 2/8/96

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	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JONES, WILLIAM E.		1.2 NAME	
STREET ADDRESS	~~1284-B TIMBERLAND RD~~		1.3 STREET ADDRESS	2233 Monaghan Dr
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee FL 32308
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	JONES, CAROLINE W.		2.2 NAME	
STREET ADDRESS	~~1284-B TIMBERLANE RD~~		2.3 STREET ADDRESS	2233 Monaghan Dr
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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: [signature] 1/16/96 (904) 893-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — William E. Jones
Date — Daytime Phone #

CR2E034 (12/95)