## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 14 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M67201

Mailing Address

JONES ENTERPRISES OF WINTER HAVEN, INC.

1747 SANDALWOOD CR. SW WINTER HAVEN FL 33880		1747 SANDALWOOD CR. SW WINTER HAVEN FL 33880-1908					
					3. Date Incorporated or Qualified 02/02/1988	3a. Date of La 01/24/199	
	lace of Business	2a. Mailing Address	***************************************	· · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.			59-2885272	- \$8	Not Applicable  75 Additional
22	a. vivo	27			5. Certificate of Status Desired	Y	e Required
City & State	0	City & State			6. Election Campaign Financing		.00 May Be
<b>23 j</b> Zip	Country	28 Zip	Country		Trust Fund Contribution	·	ded to Fees
24	25	29 30	Country		8. This corporation has liability for it Florida Statutes	ntangibie tax und Yes   No	ter s. 199.032,
	9. Name and Address of Current				10. Name and Address of New Reg	platered Agent	
	., WALTER G.		81	Name Ja	ames A. Jones		
	IRST STREET N.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
WIN	TER HAVEN FL 33881		83	1141	Sandalwood Cir.	ZM	
			84	City	nter Haven	FL 85	Zip Code 33880
				-named corp	oration submits this statement for the p	urpose of changi	
office or r agent I a	registered agent, or both, in the State o am familiar with, and accept the obliga	of Florida. Such change was autho tions of, Section 607.0505, Florida	rized by Statutes	the corporati	ion's board of directors. I hereby accept	t the appointmen	nt as registered
SIGNATURE	James A. Jone	s PD Q	am	es U	1 Jones	2/10/9	7
12.	Signature, typed or printed name of registered agen OFFICERS AND		teled Ager 3.	nt signature require	ed when (ell spiting) ADDITIONS/CHANGES TO OFFIC	DATE /	TORS IN 12
TITLE	PD OFFICERS AND		1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	JONES, JAMES A.	_	1.2 NAME	1			_
STREET ADDRESS	1747 SANDALWOOD CR. SW		1.3 STREET	address			ĺ
CiTY+ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST	r-ZIP			
TITLE	STD	DELETE	2.1 TITLE			☐ Cha	nge Addition
NAME	JONES, DIANE G.		2.2 NAME				
STREET ADDRESS	1747 SANDALWOOD CR. SW		2.3 STREET A	ADDRESS			ļ
CITY - ST - ZIP	WINTER HAVEN FL		2 4 CITY-S	T-ZIP		[] ot-	14400
TITLE			3.1 TITLE		•	Cha	nge 📙 Addition
NAME ETUEL ADDRESS		t	3.2 NAME 3.3 STREET	*DODGGG			
STREET ADDRESS CITY-S1-ZIF			3.3 SIREET 1 3.4. CITY-S	· · · · · · · · · · · · · · · · · · ·			
TOLE			4.1 TITLE	1 - ZIF		☐ Cha	nge Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREET	address			ŀ
CHTY+ST+ZIP			4.4 CITY - ST	r-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ļ		L Cha	nge [] Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET.				
CITY-ST-ZIP		FT - 21 892	5.4 CITY - ST	T-ZIP		☐ Cha	nge Addition
TITLE			6.1 TITLE			∟ Cna	ingo LLI ADUNON
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS			1
STREET ADDRESS CITY-ST-ZIP			6.4 CITY-\$1	J			ŀ
14. I do here		with this filing does not qualify for	the exer	mption stated	in Section 119.07(3)(i), Florida Statutes		
I am an c	on indicated on this armual report or si officer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empowered	to exect	rate and that ute this repor	my signature shall have the same lega it as required by Chapter 607, Florida S	l effect as if mad tatutes; and that	e under oath; that my name