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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

M67201

JONES ENTERPRISES OF WINTER HAVEN, INC.

Country

9. Name and Address of Current Registered Agent

25

1747 SANDALWOOD CR SW

WINTER HAVEN FL 33880

JONES, JAMES A

Principal Place of Business 1747 SANDALWOOD CR. SW WINTER HAVEN FL 33890

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

22

23

24

Zip

Mailing Address

2a, Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

1747 SANDALWOOD CR. SW WINTER HAVEN FL 33880

FILED Feb 03 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year intangible

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

02/02/1988

Street Address (P.O. Box Number Is Not Acceptable)

59-2885272

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

4. FEI Number

			83					
			84	City		FL 8	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	The second of th	<u> </u>				٠-		
Signal. Typed or proted name of regis applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.		DELETÉ	13.		ADDITIONS/CHANGES TO OFFICE		Change	S IN 12 Addition
···	PD IONES IAMES A	- Miller	1.1 TITLE				Offarige	☐ Addition
NAME	JONES, JAMES A.		12 NAME					į
STREET ADORESS	1747 SANDALWOOD CR. SW			ADDRESS				
CITY-ST-ZIP	WINTER HAVEN FL	DELETE	1.4 CITY-	T- ZIP		, ,	01	THE ALISTS
TITLE	STD	TH DELETE	2.1 TITLE			يبا	Change	Addition
NAME	JONES, DIANE G.		2.2 NAME					
STREET ADDRESS	1747 SANDALWOOD CR. SW		2.3 STREET	ADDRESS				Į.
CITY-ST-ZIP	WINTER HAVEN FL		2. 4 CITY-	ST-ZIP	4.			 _
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NAME			5.2 NAME					ì
STREET ADORESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - 9	T-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				ł
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				
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.								

Country

81

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30