




2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

04-17-2003 90216 047 ***150.00

DOCUMENT # P02000095356					
1. Entity Name GC JONES ACQUISITIONS, INC.					
Principal Place of Business 9375 HIGHWAY 98 WEST UNIT 10 DESTIN FL 32550			Mailing Address 9375 HIGHWAY 98 WEST UNIT 10 DESTIN FL 32550		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 161627743	Applied For Not Applicable
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
JONES, WHIPPLE V 3872 JEFFERSON RD TALLAHASSEE FL 32317				7. Name and Address of New Registered Agent	
				Name Jones, Whipple V	
				Street Address (P.O. Box Number is Not Acceptable)	
				9375 Highway 98 West Unit 10 City Destin FL 32550 Zip Code 32550	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Whipple V Jones		DATE 1/6/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC JONES, WHIPPLE V III 9375 HIGHWAY 98 WEST UNIT 10 DESTIN FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Whipple V Jones III PDC 1/6/03 850 269 2611 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #		

CR2E034 (10/02)