

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90019 006 ***150.00

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1. Entity Name

JONES MAINTENANCE EQUIPMENT, INC.



Principal Place of Business

10960 OLD KINGS ROAD
JACKSONVILLE FL 32219

Mailing Address

10960 OLD KINGS ROAD
JACKSONVILLE FL 32219



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State

4. FEI Number

20-3392315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBBARD, KIM K
3730 BEACH BLVD
JACKSONVILLE FL 32207

Name **JOHN E. JONES SR.**
Street Address (P.O. Box Number is Not Acceptable)

10960 OLD KINGS RD.
City **JACKSONVILLE** FL **32219**

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

Signature, typed or printed name of registered agent and fee application.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/1/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	JONES, JOHN SR.	10960 OLD KINGS ROAD	JACKSONVILLE FL 32219				
VP	JONES, JOHN SR.	10960 OLD KINGS ROAD	JACKSONVILLE FL 32219				
T	JONES, JOHN SR.	10960 OLD KINGS ROAD	JACKSONVILLE FL 32219				
S	JONES, JOHN SR.	10960 OLD KINGS ROAD	JACKSONVILLE FL 32219				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/08 904-766-6145

Date

Daytime Phone #