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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90197 039 \*\*\*150.00

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P14099**

1. Corporation Name  
**JONES TRACTOR AND EQUIPMENT COMPANY, INC.**

Principal Place of Business  
 U.S. 19 SOUTH  
 THOMASVILLE GA 31792

Mailing Address  
 P.O. BOX 1306  
 THOMASVILLE GA 31799

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1987

4. FEI Number  
**58-1198697**

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 owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, E. EARL  
 RT 7 BOX 352-C  
 TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V  DELETE  
 NAME JONES, THOMAS S., JR.  
 STREET ADDRESS 1792 GATLIN CREEK RD.  
 CITY-ST-ZIP THOMASVILLE GA 31792

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE P  DELETE  
 NAME JONES, KIM B  
 STREET ADDRESS 10050 U.S. 19 SOUTH  
 CITY-ST-ZIP THOMASVILLE GA 31792

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE V  DELETE  
 NAME JONES, E. EARL  
 STREET ADDRESS RT 7 BOX 352-C  
 CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE ST  DELETE  
 NAME JONES, FRANCES S.  
 STREET ADDRESS 2303 GATLIN CREEK RD.  
 CITY-ST-ZIP THOMASVILLE GA 31792

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE C  DELETE  
 NAME JONES, THOMAS S SR.  
 STREET ADDRESS 2303 GATLIN GREEK RD.  
 CITY-ST-ZIP THOMASVILLE GA 31792

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas S. Jones, Jr.* THOMAS S. JONES, JR 27 APR 1999 912-226-4881

Date

Daytime Phone #

CR2E034 (1/198)