

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90120 013 \*\*\*150.00

**DOCUMENT # P14099**

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

<b>Principal Place of Business</b> U.S. 19 SOUTH THOMASVILLE GA 31792	<b>Mailing Address</b> P.O. BOX 1306 THOMASVILLE GA 31799
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 7690.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b> Thomasville, Ga.	<b>4. FEI Number</b> 58-1198697	Applied For <input type="checkbox"/> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 31758	<b>Country</b> Thomas



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**JONES, E. EARL**  
**RT 7 BOX 352-C**  
**TALLAHASSEE FL 32308**

**7. Name and Address of New Registered Agent**  
**Name** Jones, E. Earl  
**Street Address (P.O. Box Number is Not Acceptable)** 7348 Grenville Road  
**City** Tallahassee **FL** **Zip Code** 32308

**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.**

**SIGNATURE** E. Earl Jones **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
<b>TITLE</b> V <input type="checkbox"/> Delete	<b>NAME</b> JONES, THOMAS S., JR.
<b>STREET ADDRESS</b> 1792 GATLIN CREEK RD.	<b>CITY-ST-ZIP</b> THOMASVILLE GA 31792
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> JONES, KIM B
<b>STREET ADDRESS</b> 10050 U.S. 19 SOUTH	<b>CITY-ST-ZIP</b> THOMASVILLE GA 31792
<b>TITLE</b> V <input type="checkbox"/> Delete	<b>NAME</b> JONES, E-EARL
<b>STREET ADDRESS</b> RT 7 BOX 352-C	<b>CITY-ST-ZIP</b> TALLAHASSEE FL 32308
<b>TITLE</b> ST <input type="checkbox"/> Delete	<b>NAME</b> JONES, FRANCES S.
<b>STREET ADDRESS</b> 2303 GATLIN CREEK RD.	<b>CITY-ST-ZIP</b> THOMASVILLE GA 31792
<b>TITLE</b> C <input type="checkbox"/> Delete	<b>NAME</b> JONES, THOMAS S SR.
<b>STREET ADDRESS</b> 2303 GATLIN GREEK RD.	<b>CITY-ST-ZIP</b> THOMASVILLE GA 31792
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> JONES, E. EARL
<b>STREET ADDRESS</b> 7348 Grenville Road	<b>CITY-ST-ZIP</b> Tallahassee, Fl. 32308
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** E. Earl Jones **DATE** \_\_\_\_\_ **1-850-877-5522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE034 (10/00)