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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P30434**

1. Corporation Name

Principal Place of Business

R.A. JONES & CO. INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90074 049 \*\*\*150.00



2701 CRESCENT SPRINGS ROAD COVINGTON KY 41017		2701 CRESCENT SPRINGS ROAD COVINGTON KY 41017		DO NOT WRITE IN THIS S	PACE			
					3. Date Incorporated or Qualifed 07/02/1990			
Principal Place of Business     2a. Mailing Address					4. FEI Number	1—1—	Applied For	
21 2701 Crescent Springs Rd 28 PO Box 485					61-0240920		Not Applicable	
Suite, Apt. :	#, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	ngton KY	City & State 28 Cincinnati OH			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 X:X:X:X:X	Country VA1017 25 USA	zip 29 45201 30	Country		reisonai i iopeity i ax.	Yes	□No	
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered A	gent		
			81	Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33324		83					
			84	City	FL	85 Zip	Code	
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was authons of, Section 607.0505, Florida	onzed by a Statutes	the corpor	corporation submits this statement for the purpose of cleration's board of directors. I hereby accept the appoint quired when reinstating)  DATE	ment as i	registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	D	XXDELETE	1.1 TITLE			☐ Change	e 🗌 Addition	
NAME	MOTCH, ARTHUR E.		1.2 NAME					
STREET ADDRESS	2701 CRESCENT SPRINGS RD		1.3 STREËT	ADDRESS			ļ	
CITY-ST-ZIP	COVINGTON KY		1.4 CITY-\$1	-71P			. [	
TITLE	CEOD	☐ DELETE	2.1 TITLE		CEO, President, Director	Change	e Addition	
NAME	OLSON, RALPH J		2.2 NAME		020) (122			
STREET ADDRESS	2701 CRESCENT SPRINGS RD		2.3 STREET	ADDRESS			ļ	
CITY-ST-ZIP	COVINGTON KY		2.4 CITY-S	T-ZIP	<u> </u>			
TITLE	CFO	☐ DELETE	3.1 TITLE	- (	CFO, Secretary, Director	Change	e 🔲 Addition	
NAME	COLLINS, JOHN C		3.2 NAME	ì	- / /		İ	
STREET ADDRESS	2701 CRESCENT SPRGS RD		3.3 STREET	ADDRESS				
CITY-ST-ZIP	COVINGTON KY		3.4. CITY- S	T- <u>ZI</u> P				
TITLE	V	XX DELETE	4.1 TITLE			Change	e 🗀 Addition	
NAME	THOMAS, G L		4.2 NAME					
STREET ADDRESS	2701 CRESCENT SPRINGS RD		4.3 STREET	ADORESS			1	
CITY-ST-ZIP	COVINGTON KY 41017		4.4 CITY-S	r-ZIP				
TTLE		☐ DELETE	5.1 TITLE			Change	e 🗌 Addition	
NAME	15		5.2 NAME					
STREET ADDRESS			5.3 STREET				İ	
CITY-ST-ZIP			5.4 CITY-S	r-ZIP		<u> </u>		
TITLE		☐ D€LETE	6.1 TITLE			Chang	e Addition	
NAME .			6.2 NAME	ĺ			1	
STREET ADDRESS			6.3 STREET	ADDRESS			Ì	

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 an other like empowered.

SIGNATURE:

CITY-ST-ZIP

FFICER OR DIRECTOR

CR2E034 (11/98)