

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P39772 (9)

1. Corporation Name

THE JONES COMPANY CUSTOM HOMES, INC.

FILED

95 AUG -8 AM 10:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

222 S. WESTMONTE DRIVE, SUITE 200
303
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

222 S. WESTMONTE DRIVE, SUITE 200
303
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/24/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

43-1514255

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 has liability for interstate tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JONES, THOMAS G.
222 S. WESTMONTE DRIVE
SUITE 200
ALTAMONTE SPRINGS FL 32714

10. Name and Address of Now Registered Agent

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 1 day if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JONES, ROBERT E.
STREET ADDRESS 511 DOUGHERTY MILL LANE
CITY-ST-ZIP ST LOUIS MO

TITLE DV
NAME JONES, THOMAS G.
STREET ADDRESS 415 WOODSTEAD CIRCLE
CITY-ST-ZIP LONGWOOD FL

TITLE DV
NAME CHILCUTT, HOWARD
STREET ADDRESS 16608 CLAYTON ROAD
CITY-ST-ZIP BALLWIN MO

TITLE DV
NAME CLARK, HOMER
STREET ADDRESS 16525 THUNDERHEAD CANYON
CITY-ST-ZIP BALLWIN MO

TITLE ST
NAME CLARK, HOMER
STREET ADDRESS 16525 THUNDERHEAD CANYON
CITY-ST-ZIP BALLWIN MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Robert E. Jones
ROBERT E. JONES

8/4/95 314 965-8000