SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FEMALE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



LORIDA DEPARTMENT »F STATI

Sandra B. Mortium

Secretary of Sta : DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P93000059521 (3)

JONES FAMILY, INC.

FILED Sep 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					{			
·								
47 JONES RD.	20520	47 JONES RD.	47 JONES RD. CRESTVIEW FL 32539					
CRESTYIEW FL 32539		CHESTAICM LE 35238				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	3a. Date of L	est Report
						08/25/1993	08/23/19	
2. Principal Pla	ace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	L	Applied For
21		26	26			59-3227885 Not Applicable		Not Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	75 Additional
22		27	27			8. Certificate of Status Desired	└─ F	e Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28	28			Trust Fund Contribution		Ided to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has pair	d the current ve	ar Intangible
24	25	29	3	0		Personal Property Tax due June		□No
-71	9. Name and Address of Curre			-		10. Name and Address of New Reg		
JON	ES, LARRY D			81	Name			
	ONES RD.							
			B2 Street Ad			dress (P.O. Box Number is Not Acceptable)		
UHE	STVIEW FL 32539			-				
				83				
				84	City		85	Zip Code
					011,		FL °°	L.p 0000
11. Pursuant to	o the provisions of Sections 607.05	02 and 607.1508, Flo	rida Statutes	, the above	e-named corp	poration submits this statement for the pr	rpose of chang	ing its registered
office or re	egi stered age nt, or both, in the State n fam iliar with, and accept the oblic	e of Florida, Such cha nations of Section 60	inge was aut 7.0505, Elorid	thorized by da Statute	the corpora	tion's board of directors. I hereby accep	the appointme	nt as registered
•	Transmit Will, and decopy the oblig	ganono or, occitor oc	7.0000, 11011	da Olaidio	.			
SIGNATURE	Signature, typed or printed panie of registered ag	ent and title if applicable	(NOTE: E	Registered Any	ol sonalure requi	ired when reinstating)	DATE	
12.		ND DIRECTORS	1.10.1	13.	va o Burgue tede	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
TITLE	DPC		OFLETE	1.1 TITLE	·····		Chi	
NAME	JONES, LARRT D			1.2 NAME				
	47 JONES RD.			1				
STREET ADDRESS				1.3 STREET	ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL 32539	······································		1.4 CHY-5	T-ZIP			
TITLE		니	DELETÉ	2.1 TITLE			L.} Cha	ange L Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2.4 CHY-	ST - ZIP			
TITLE			DELETE	3.1 TITLE			Ch	ange Addition
NAME				3.2 NAME			-	
				1	Annoree			
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP			CLETE	3.4. CITY - 1	SI-ZIP			ngo I daluta -
TITLE			DELETE	4.1 TITLE			☐ Chi	ange L_I Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CiTY - S	T-ZIP			
TITLE			DELETE	5.1 TITLE		1	☐ Cha	ange Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
					l			
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE	1-ZIF	·	T Ch:	ange Addition
TITLE			7C L L L					TURO TI MODUIOR
NAME				62 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S				
14. I do hereb	y certify that the information supplied	ed with this filing does	not qualify	for the exe	mption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify	that the

14. I do 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 arrhual report to 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.

CICKIATURE.

AMMAD ON