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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000084972 (7)

ROY JONES CONSTRUCTION, INC.

,,,,,,							
Principal Place	e of Business	Mailing Address	Mailing Address				3 10)    <b>31</b> 030 10)    10 <b>4</b>   0 (101 140)
5320 SE 28TH OCALA FL 34 US		5320 SE 28TH AVE OCALA FL 34480 US	OCALA FL 34480			DO NOT WRITE IN TI	HIS SPACE
		•••				3. Date Incorporated or Qualified 12/07/1993	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For
21		26				59-3219834	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Count		try		8. This corporation owes or has paid the	
24	25	29	30			Personal Property Tax due June 30.	Yes No
	Current Registered Agent				10. Name and Address of New Registe	red Agent	
	NES, ROY			"	Name		
	10 N.E. 4TH ST. ALA FL 34470		82 Street Addr		Street Addres	ss (P.O. Box Number is Not Acceptable)	
			83				
			ē	34	City		EL 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	Koy your					4/25	178
	_ <del></del>	stered agent and the if applicable (NC RS AND DIRECTORS		Ager	nt signature required		TE CONTRACTORS IN AS
12.	PD	DELETE	13.	F		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	JONES, ROY			1.2 NAME			
STREET ADDRESS	5030 N.E. 4TH ST.		1		ADDRESS		1
CITY-ST-ZIP	OCALA FL 34470			1.4 CITY-ST-ZIP			
TITLE	<b>VO</b> □ DELETE 2.		2.1 TITU	E			Change Addition
NAME	ROY JONES		2.2 NAM	2.2 NAME			
STREET ADDRESS	5030 NE 4TH ST.			2.3 STREET ADDRESS		••	
CITY-ST-ZIP	OCALA FL		2. 4 CITY - ST - ZIP		T- ZIP		
TITLE	• • • • • • • • • • • • • • • • • • • •		3.1 TITU	— ·		Change Addition	
NAME	JONES, ROY			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP TITLE	DELETE			3.4. CITY - ST - ZIP 4.1 TITLE			Change Addition
NAME	New 7 1 / 2			4. 2 NAME			
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITL	E			Change Addition
NAME			5.2 NAM	1E			
STREET ADDRESS			5.3 STRE	EEY A	ADDRESS		
CITY-ST-ZIP			5.4 CITY	(-ST-2IP			
TITLE }				6.1 TITLE			Change Addition
NAME	•		6.2 NAME				į
STREET ADDRESS	•				ADDRESS		
City-St-ZiP	ertify that the information run	plied with this filing door not qualify	for the even	_		Section 119.07(3)(i), Florida Statutes. I furthe	or 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 it 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 open attachment with an address.							