

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000023784 (9)

1. Corporation Name

JONES CONSTRUCTION & WELDING, INC.



Principal Place of Business

Mailing Address

6127 STIRLING RD
DAVIE FL 33314

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DAVIE FL 33314

2. Principal Place of Business
21 Above Address

2a Mailing Address
26 Above address

3. Date Incorporated or Qual Fed
02/25/1994

3a. Date of Last Report
07/24/1995

4. FEI Number
65-0480598

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

22 City & State
23 Zip Country

27 City & State
28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, CYNTHIA S
6127 STIRLING RD
DAVIE FL 33314

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 type the printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when not on file)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JONES, CYNTHIA S
STREET ADDRESS 5720 SW 168TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33331

☐ DELETE

TITLE D
NAME JONES, JAMES E
STREET ADDRESS 5720 SW 168TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33331

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96 954-581-0155

CR2E034 (3/96)