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Feb 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000060549 (0)

1. Corporation Name
TOM JONES REALTY, INC.



Principal Place of Business
1016 SHOREWINDS DRIVE
FORT PIERCE FL 34949

Mailing Address
1016 SHOREWINDS DRIVE
FORT PIERCE FL 34949-1539

3. Date Incorporated or Qualified 08/12/1994	3a. Date of Last Report 01/19/1996
4. FEI Number 65-0518466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent JONES, THOMAS R 200 BIMINI DRIVE FORT PIERCE FL 34949	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME JONES, THOMAS R STREET ADDRESS 200 BIMINI DR. CITY, ST, ZIP FORT PIERCE FL	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP
TITLE NAME STREET ADDRESS CITY, ST, ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP

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 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: Thomas R. Jones T. Thomas R. Jones 2/15/97 561595 0100

CR2E034 (9/96)