

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90132 047 ***150.00

DOCUMENT # P94000060549

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

65-0518466

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 712 BRITTANY LAKES LANE

26 712 BRITTANY LAKES LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #312

27 #312

City & State

City & State

23 ORLANDO FL

28 ORLANDO FL

Zip

Country

Zip

Country

24 32828 25 USA

29 32828 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, THOMAS R

200 BIMINI DRIVE

FORT PIERCE FL 34949

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

712 BRITTANY LAKES LANE #312

83

84 City

ORLANDO

FL

85 Zip Code
32828

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME JONES, THOMAS R

STREET ADDRESS 200 BIMINI DR.

CITY-ST-ZIP FORT PIERCE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 712 BRITTANY LAKES LANE #312

1.4 CITY-ST-ZIP ORLANDO, FL 32828

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

407-381-7623

CR2E034 (11/98)