

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000088407

1. Entity Name
TROY JONES, INC.



APPROVED
AND
FILED
04 NOV -9 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3918 SEMINOLE AVE
FT MYERS, FL 33916

Mailing Address
3918 SEMINOLE AVE
FT MYERS, FL 33916

2. Principal Place of Business
5800 Staley Road
Suite, Apt. #, etc.

3. Mailing Address
5800 Staley Road
Suite, Apt. #, etc.



10262004 REIN-P CR2E098 (6/04)

City & State
Ft. Myers FL
Zip 33905 Country USA

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Ft. Myers FL
Zip 33905 Country USA

4. FEI Number
65-0537254
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, TROY
3918 SEMINOLE AVE
FT MYERS, FL 33916

7. Name and Address of New Registered Agent

Name
Jones, Troy
Street Address (P.O. Box Number is Not Acceptable)
5800 Staley Road
City Ft. Myers FL Zip Code 33905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Troy Jones*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11-03-04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS JONES, TROY
CITY-ST-ZIP 3918 SEMINOLE AVE
FT MYERS, FL 33916 ☐ Delete

TITLE
NAME VP
STREET ADDRESS JONES, ELIZABETH
CITY-ST-ZIP 3918 SEMINOLE AVE
FORT MYERS, FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5800 Staley Road
CITY-ST-ZIP Ft Myers FL 33905 ☒ Change ☐ Addition

TITLE
NAME 5
STREET ADDRESS 5800 Staley Road
CITY-ST-ZIP Ft. Myers FL 33905 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-03-04