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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000091042 (9)

JONES FAMILY OF LAKELAND, INC.

Principal Place of Business

1600 NE 17 WAY FT LAUDERDALE FL 33305 Mailing Address

1600 NE 17 WAY

FT LAUDERDALE FL 33305

FILED Apr 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified 12/16/1994				
2. Principal P	lace of Busin	ess	2a. N	2a. Mailing Address				4. FEI Number Applied (
21				26				59-3287321 Not Applicable				
Suite, Apt. #, etc.				Suite, Apt. #, etc.					\$8.75	Additional		
22				27				5. Certificate of Status Desired	Fee R	equired		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution	Added	to Fees		
Zip	ļ.	Country		Zip Country				8. This corporation owes or has paid the current year Intangible				
24 25				29 30				Personal Property Tax due June 30. XYes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent 81 Name				
JONES, WESLEY A						"	Name					
	00 NE 17 W			Ī			82 Street Address (P.O. Box Number is Not Acceptable)					
FT	LAUDERDA	LE FL 33305										
					Ē	34	City		85 Zip	Code		
								F <u>L</u>				
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 Ismiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE		slen (1)	James					<i>✓ 4/17)</i>	198			
10	Signature, typed	 	real agent and title if a		L: Reg stered /	Ager	nt signature requ	ired when roinstating) ADDITIONS/CHANGES TO OFFICERS AND D	IDECTO			
12.	PTD	Orricte	19 AIAD DIUECT	DELETE	1.1 TITU	F			Change	Addition		
NAME	JONES, WESLEY A					1.2 NAME		_	_ change			
STREET ADDRESS	4600 NE 45 MIN						ADDRESS			:		
	ET LAUDEDDALE EL GOGGE											
CITY-ST-ZIP	VSD	CHUNCE I C OO		DELETE	1.4 CITY 2.1 TITU		1 - ZIP	1, 1	Change	Addition		
NAME		N, NANCY L		,		2.2 NAME		. —	_			
STREET ADDRESS	AAAA ODDINA I NICE DO					2.3 STREET ADDRESS						
	CITY-ST-ZIP LAKELAND FL 33813											
TITLE	BAILE AND 12 GOOTS					2. 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition		
NAME				_	3.2 NAM	Æ.			-			
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					3.4. CITY							
TITLE	<u>-</u> -			DELETE	4.1 TITLI				Change	Addition		
NAME					4. 2 NAN			_	-			
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					4.4 CITY							
TITLE				DELETE	5.1 TITLI	_			Change	Addition		
NAME	•				5.2 NAM			_	-	-		
STREET ADDRESS	:						ADDRESS					
CITY-ST-ZIP					5.4 CITY							
TITLE				DELETE	6.1 TITLI		, p. 11	L	Change	Addition		
NAME				-	6.2 NAM			_				
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					6.4 CITY							
P1]	·				27. 2177			· · · · · · · · · · · · · · · · · · ·				

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.

Jean a Dance Hada A Tonge 4

4/17/c> /SCU\5/4.386