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

PROFIT CORPORATION ANNUAL REPORT 1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000092845 (4)

JONES & JONES HOMES, INC.

Principal Place of Business

Mailing Address

FILED Apr 15 1997 8:00am Secretary of State



1029 GUN CLU SARASOTA FL		1029 GUN CLUB RD SARASOTA FL 34232-1819			
*					IA 5
				3. Date Incorporated or Qualified 12/20/1994	36. Date of Last Report 04/23/1996
400	lace of Business	2a. Mailing Address	1, 21	4. FEI Number	Applied For
<u>/ کمک اع</u>	DULMER DRIVE	26 P.O. Box	1631	65-0542664	Not Applicable
Sulte, Apt.	~ ~ ~	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 No Comis, FL 28 No Comis, 1			<u>L</u>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 3427.	5 26 USA	20 34274-1631 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	Istered Agent
JONES, R. MARSHALL B1 Name					
1029 GUN CLUB RD			82 Street	Address (P.O. Box Number is Not Acceptable	e)
SAR	ASOTA FL 34232				
			83 3	27 DULMER DRIU	<u> </u>
			84 City	NOKOMIS	FL 85 Zip Gode 25
11. Pursuant office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State o	and 607.1508, Florida Statules, I Florida, Such change was auth	the above-named lorized by the corp	corporation submits this statement for the proporation's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		<u> </u>	required when reinstating)	DATE
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	JONES, WILLIAM J		1.2 NAME		
STREET ADDRESS	33 MIZZEN CIRCLE		1.3 STREET ADDRESS		18
CITY-ST-ZIP	HAMPTON VA		1.4 CITY-ST-ZIP		
TITLE .	D	DELETE		D/P	Change Addition
NAME	JONES, R. MARSHALL		2.2 NAME	The Table	
STREET ADDRESS	1029 GUN CLUB RD		2.3 STREET ADDRESS	327 DulmER DRIVE	
CITY-\$T-ZIP	SARASOTA FL 34232		2. 4 CITY - S1 - ZIP	Nokomis, FL 34275	
TITLE	D SOLUCIO D	DELETE	3.1 TITLE	D/5	☐ Change ☐ Addition
NAME	JONES, FRANCES B		3.2 NAME	200 2006 2000	
STREET ADDRESS	1029 GUN CLUB RD SARASOTA FL 34232		3.3 STREET ADDRESS	327 Dulmer Drive	
CITY-ST-ZIP TITLE	3A/A3U1A FL 34232	DELETE	3.4. C(1) - S1 - Z(P	NOKOMIS, FL 34275	Change
NAME		E DECEIL	4.1 THILE		L. Change L. Addition
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
 14. I do hereb 	by certify that the information supplied y	vith this filing does not qualify to	or the exemption st	tated 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 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.