

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000025086 (6)

1. Corporation Name

R.D. JONES, RIGHT OF WAY, INC.



Principal Place of Business

3017 ALTERNATE US 19
PALM HARBOR FL 34683

Mailing Address

3017 ALTERNATE US 19
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

03/27/1995

3a. Date of Last Report

2. Principal Place of Business

21 625 ALTERNATE US-19

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR, FL

Zip

24 34683

Country

25 USA

2a. Mailing Address

26 625 ALTERNATE US-19

Suite, Apt. #, etc.

27 City & State

28 PALM HARBOR, FL

Zip

29 34683

Country

30 USA

4. FEI Number

59-3361398

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, RICHARD
1436 INDIAN TRAILS S
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name

82 REARDON, J. MICHAEL

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

3701 EMBASSY CIRCLE

84

City

PALM HARBOR

FL

85 Zip Code

34685

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

J. Michael Reardon

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

4-29-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D JONES, RICHARD
STREET ADDRESS 1436 INDIAN TRAILS S
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ DELETE

NAME CD HICKEY, ROBERT M
STREET ADDRESS 404 WOODLEY WOODS
CITY-ST-ZIP WINNETKA IL 60093

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P, D JONES, RICHARD D
1.3 STREET ADDRESS 2375 POWERS ST, UNIT-B
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

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 D REARDON, JOHN M.
3.3 STREET ADDRESS 3701 EMBASSY CIRCLE
3.4 CITY-ST-ZIP PALM HARBOR, FL 34685

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(813) 781-3774

Daytime Phone #

CR2E034 (12/95)