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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 07 1997 8:00am

Secretary of State

POCUMENT # P95000025086 (6)

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

appears in Block 12 or Block 13 if

Principal Place of Business Mailing Address 625 ALTERNATE US-19 625 ALTERNATE US-19 PALM HARBOR FL \$4683 PALM HARBOR FL 34683-4434 3. Date incorporated or Qualified 3a. Date of Last Report 03/27/1995 05/01/1996 2a. Mailing Address Applied For 2. Principal Place of Business 59-3301398 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 REARDON, MICHAEL, J. Address (P.O. Box Number is Not Acceptable) 3701 EMBASSY CIRCLE 82 ALT PALM HARBOR FL 34685 В3 84 City Zip Coae 3468 HACDO 11. Pursuant to the provisions of Sections 697.05.02 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 targitar with first accept the rolligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNATURE

AND TO STATE TO STATE THE STATE TO STATE T (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change DELFTE Addition ΡĎ 1.1 TITLE TITLE NAME J**ones**, **ri**chard D. 1.2 NAME 2375 POWERS ST. UNIT B 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP 1.4 CITY - S1 - ZIP Change Addition DELETE 21 1111 8 TITLE HICKEY, ROBERT M 2.2 NAME 404 WOODLEY WOODS STREET ADDRESS 23 STREET ADDRESS WINNETKA IL 60093 2 4 CITY - ST - 7 IE CITY-ST-ZIP Change Addition DELETE 31 10LF TITLE REARDON, JOHN M 3.2 NAME NAME 3701 EMBASSY CIRCLE STREET ADDRESS 3.3 STREET ADDRESS PALM HARBOR FL 34685 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4.2 NAMI STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-S1-7IP CITY-ST-ZIP Change Addition ... DELETE 5.111116 TITLE 5.2 NAM NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - \$1 - 2)P Addition DELFTE Change TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 C/LY - S1 - Z/P

14. To 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

or on an attachment with an address