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FILED

Jan 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000027207 (6)

1. Corporation Name  
GARY R. JONES, P.A.

Principal Place of Business  
1401 BRICKELL AVE., SUITE 500  
MIAMI FL 33131

Mailing Address  
1401 BRICKELL AVE., SUITE 500  
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1995

4. FEI Number

65-0572439

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 5136 N.W. 62nd St.

Suite, Apt. #, etc.

2a. Mailing Address

26 5136 N.W. 62nd St.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

24 32653 25 USA

27 City & State

28 Gainesville, FL

29 32653 30 USA

9. Name and Address of Current Registered Agent

JONES, GARY R  
1401 BRICKELL AVE., SUITE 500  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Gary R Jones  
82 Street Address (P.O. Box Number is Not Acceptable)  
5136 N.W. 62nd St.  
83  
84 City Gainesville FL 85 Zip Code 32653

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

Signature, type, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JONES, GARY R  
STREET ADDRESS 1401 BRICKELL AVE., SUITE 500  
CITY-ST-ZIP MIAMI FL 33131 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIP  
1.2 NAME Gary R. Jones  
1.3 STREET ADDRESS 5136 N.W. 62nd St.  
1.4 CITY-ST-ZIP Gainesville, FL 32653 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Gary R. Jones, President 1/14/98 352-338-9191  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0178294

CR2E034 (10/97)