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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPURATIONS

DOCUMENT #

P95000039589 (3)

Corporation Name											
D. F. JONES & ASSOCIATES, INC.											
											<u> </u>
Principal Plac	e of Business		Mai	ling Address				- 11000001#1		(A <b>, , , , , , , , , , , , , , , , , , ,</b>	411 8191 1111 1111 1111
609 SHERIDAN WOODS DRIVE 609 SHERIDAN WOODS											
	LBOURNE FL			WEST MELBOURNE F							
								3. Date Incorporate	d or Qualified	3a. Date of L	ast Report
								05/18/199	95		·
2. Principal F	Place of Busin	ess	2a.	2a, Mailing Address				4. FEI Number		•	Applied For
21			26	26			39-3	3 <u>5148</u>	14	Not Applicable	
Suite, Apt	. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Sta	itus Desired		<b>B.75</b> Additional Fee Regulred	
City & Star	te		<del></del>	City & State			6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees			
Zip	Country			Zip		Country		8. This corporation has liability for intangible tax under s 199.032,			
24		25 29 30			30	Florida Statutes 🔲 Yes 💆 No					
	and Address	of Current Registe		.1		10. Name and Add	ress of New R	egistered Agen	it		
81 Name											
JONES, DAVID F 16 <del>03 PANNODE P</del> L						2 5000		s (P.O. Box Number i	s Not Acceptab		
MAN HERBOUR BEACH FL SESST 604 SHERIDAN WOODS DRIVE						3	<u> </u>	WC W. ON D	<i>0000</i> 10 3	Picio	· · · · · · · · · · · · · · · · · · ·
60	A CHE	SIDAN	Woods D	RIVE	L			·		<del></del>	<del></del>
u)F	STIN	AELBO	URNE.F.	_ 82904	8	4 City	1 1	1ELBOUR	NE.	FL  85	30 Code 82904
11. Pursuant	to the provisi	ons of Sections	607.0502 and 607	.1508, Florida Statutes	s, the above	-named co	orporat	ion submits this stater	nent for the pur	pose of changing	g its registered office
or registe familiar w	ered agent, or /ith, and acce	both, in the Sta pt the obligation	ite of Florida. Such is of, Section 607.0	change was authorize 505, Florida Statutes.	d by the cor	poration's	board	of directors. I hereby	accept the appo	ointment as regis	tered agent. I am
SIGNATURE											
	Signature, typed		gistered agent and title if an		E: Registered Ag	ent signature i	equired w			DATE	
12.	DAST	SIDEN	CERS AND DIRECT	OHS DELETE	13. 1. 1 THILI		<b>—</b>	ADDITIONS/CHA	NGES TO OFFI	CERS AND DIRE	
NAME				Doccin			1	110 E 100	·~		
STREET ADDRESS		AUID F. JONES DRIVE		1.2 NAME	1.3 STREET ADDRESS 60		AVID F. JONES 109 SHURIDAN WOODS DRIVE				
CITY-ST-ZIP	111005	WOST MELBOURNE, FL 32904		1.3 SING	1.4 DITY-ST-ZIP		)	HO WE	121 2	2904	
TITLE	1/100	Park	OCUT	☐ DELETE	2. 1 TiTLI		VP	MELBO	UKIUE,	Chi	ange
NAME	460	7 E L	SIZMO.		22 NAME			ORGE N.			, <u>,</u> , , , , , , , , , , , , , , , , ,
STREET ADORESS				LE		23 STREET ADDRESS 27		17 VALES	TRA 1	POIE	
CITY-ST-ZIP	OS	TON.V	A 22124	}	2 4 CITY		0	AKTONIV	/A 22	124	
71TEF		OALTON, VA 22124			3 1 THTLE				☐ Ch	ange 🔲 Addition	
NAME				3 2 NAME	3 2 NAME						
STREET ADDRESS					3.3 STRE	ET ADDRESS					
CITY-ST-ZIF					3.4 CITY	- \$1 - ZIP					
TITLE		DELETE			4. 1 TOTAL	4. 1 TITLE				Chi	ange 🔲 Addition
NAME	ĺ				4.2 NAME						
STREET ADDRESS					4.3 STREE	et address					<b>_1</b>
CITY-ST-7IP				ED beiere	4.4 CITY		ļ				
TITLE				☐ DELETE	5. 1 TITLE					Chi	ange Addition
NAME					5.2 NAME						( , V.V.
STREET ADDRESS						ET ADDRESS					' ) <b>/</b>
CITY-ST-ZIP				DEILLE	5.4 CITY -		ļ				anna 🗆 Addition
TITLE				☐ DELETE	6. 1 T(TLE					7.1. / Chi	ange 🔲 Addition
NAME OTHERS ADDRESS					6.2 NAM8	ET ADDRESS				MILLA	000
STREET ADDRESS	1				0.3 3 1 Kt	CI WOOKE 22	ı			• , , • •	

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), Fiorida 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 cath; 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 abachment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

4/10/96 (407)723-511.

CR2E034 (12/95)