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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000097260 (0) DOCUMENT #

JONES INTERNATIONAL FURNITURE GALLERY, INC.

Principal Place of Business Mailing Address 3968 S 3RD ST 3968 S 3RD ST JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3358040 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip Country Country  $Z_{(p)}$ 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COHEN, LANCE P 1723 BLANDING BLVD SUITE 102 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 84 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and talk if applicable (NOTE: Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE JONES, ROBERT C JR NAME 12 NAME 3968 S 3RD ST STREET ADDRESS 1.3 STREET ADDRESS Jacksonville Beach Fl CITY-ST-ZIP 14 CHY-ST-ZIP Change Addition DELETE 2.1 TITLE JONES, DEAN NAME 2.2 NAME 3968 S 3RD ST 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 \$1HEF1 ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP Addition DELETE ☐ Change TITLE 61 THLE 6.2 NAM6 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not chalify for the exemption stated in Section 119.07(3)(r), 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.

**FILED** 

Jan 15 1998 8:00am

Secretary of State