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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000087484 (7)

R.K. JONES ASSOCIATES, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 16 1997 8:00am Secretary of State



900 S. FEDERAL HIGHWA Stuarp fl 34994	AY .	900 S. FEDEBAL HIGHWAY Stuart FL 34994-9733						
-					3. Date Incorporated or Qualifit 10/23/1996	d 3a. Date o		eport
2. Principal Place of Bu 21 3/// S.E.	isiness FAIRWAY WEST	28. Mailing Address 26 3/// 5. E. FA/	RWAY I	WEST	4. FFI Number	9	<del></del>	plied For t Applicable
Surte, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  23 STUART	FLORIDA	City & State 28 StuART, FLORIDA			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
ZIP 34997	Country <b>25 U5A</b>	Zip 34-997	Count	SA	8. This corporation has liability Florida Statutes	Yes N	lo	199.032,
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
JONES, R K				81 Name				
900 S. FEDEI	RAL-HICHWAY 3/// S	E. FAIRWAYL	EST 8	2 Street Ad	dress (P.O. Box Number is Not Acce	table)		
STUART FL-8	STUAR	T, FL 3499	7 8	3			<del></del>	
			8	4 City		FL 8	5 Zip (	>ode
11. Pursuant to the pro- office or registered	visions of Sections 607.0502 agent, or both, in the State of with, and accept the obliga-	and 607.1508, Florida Statu of Florida, Such change was	utes, the abo authorized to	ve-named co by the corpor	orporation submits this statement for the ration's board of directors. I hereby ac	7 (200 )	inging its ment as	registered registered
SIGNATURE	XVIII-	- Dus.	ionoa otaliati	00.	4	-/0 - 4	77	
Spin on, lyp	ped or printed name of registered agen		TE: Registered A	gent signature rec	quired when reinstating)	DATE	/	
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO DI			S IN 12
THE YZ	ESIDENT	L DELETE	1.1 TITLE			Ц	Change	L_ Addition
NAME Z	K TONES 1115E FAIR TUART, FL	1001	1.2 NAME	E				
STHEET ADDRESS 3/	11 S.E. EAIR	WAY WEEL	1.3 STRE	ET ADDRESS				
Crivistizie 57	TUART, FL	3444	1.4 CITY					<del></del>
TITLE	,	L. DELETE	2.1 TITLE			L	Change	L Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	3 STREET ADDRESS				
CHY-ST-ZiF			2. 4 CITY			· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
THE		[] DELETE	3 1 TITLE	1		لــا	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			33 STRE	ET ADDRESS				
CHY-SI-Zir		[7] pr. rzr	3 4. C/TY					T-1 4 .494
TIFLE		☐ DELETE	4.1 TITLE	1		L	Change	☐ Addition
NAME			4. 2 NAM	-	•			
STREET ADDRESS	•		4.3 STRE	ET ADDRESS				
CHY-ST-ZiP		Nr. 242	4.4 City-	·····				
PALE		DELETE	51 TITLE	i		니	Change	Addition
NAME			52 NAME					
STREET ADDRESS			5 3 STREE	et address				
CHTY- ST-ZiP			5.4 CITY			·		
T-TLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME			1		
STREET ADDRESS			63 STREE	et address				
CHTY-ST-ZIP			6.4 DITY	ST-ZIP				
14 I do bereby certify the	hat the information sumplied	with this filing does not our	lify for the ev	omntion stat	ted in Section 119.07(3)(i) Florida Ste	itee I further cor	tify that t	ho

Law an officer or directory that the information supplied with this liling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual peport 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 period after or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if cylinged, or on an attachment with an address.

**SIGNATURE:**