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

CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000051692 (6)

JONES PRIVATE INVESTIGATIONS, INC.

Principal Place of Business Mailing Address 450 GEMAIRE DRIVE 450 GEMAIRE DRIVE SUITE 130 SUITE 130 DO NOT WRITE IN THIS SPACE MELBOURNE FL 32904 MELBOURNE FL 32904 3. Date Incorporated or Qualified 06/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59. 3461358 21 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 23 Trust Fund Contribution Added to Fees 28 Ziρ Country Zø Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JONES, ROBERT DEAN **450 GEMAIRE DRIVE** Street Address (P.O. Box Number is Not Acceptable) SUITE 130 83 **MELBOURNE FL 32904** 84 City Zip Code 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 Porida 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 obligators, of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DITTE TITLE 1.1 TITLE Change Addition JONES, ROBERT DEAN NAMÉ 1.2 NAME CR2E034 450 GEMAIRE DRIVE STREET ADDRESS 1.3 STREET ADORESS MELBOURNE FL 32904 14 CHY-ST-ZIP DITY-ST-ZIP DELFTE 21 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 City-St-ZiP DELE 1E 4.1 TITLE Change Addition THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY - ST - ZiP 4.4 CHY-ST-ZIP DELLTE Addition Change THILE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-7IP DELETE 6.1 TITLE Change Addition THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 f 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 10 an address.

6.4 CHY-ST-7/P

**SIGNATURE:** 

CITY-ST-ZIP

407-768-7772

**FILED** 

Mar 23 1998 8:00am

Secretary of State