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FILED
Jun 04 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 # P97000068783 (4)

1. Corporation Name

LES JONES ENTERPRISES, INC.

Principal Place of Business

13811 US HIGHWAY 98 BYPASS
DADE CITY FL 33525

Mailing Address

13811 US HIGHWAY 98 BYPASS
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

4. FEI Number

59 346 4501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. BOX 246

HAINES CITY

33845

USA

9. Name and Address of Current Registered Agent

RICHARDSON, ROSALIE
13811 US HIGHWAY 98 BYPASS
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

LES JONES

82 Street Address (P.O. Box Number is Not Acceptable)

39 N. 6TH ST.

83

HAINES CITY, FL, 33845

84 City

HAINES CITY

FL

85 Zip Code

33845

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

LES JONES

LES JONES

5/25/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
RICHARDSON, ROSALIE
STREET ADDRESS 13811 US HIGHWAY 98 BYPASS
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME D
LES JONES
1.3 STREET ADDRESS 39 N. 6TH ST.
1.4 CITY-ST-ZIP HAINES CITY, FL, 33845

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D
JONES, JEAN
2.3 STREET ADDRESS 39 N. 6TH ST.
2.4 CITY-ST-ZIP HAINES CITY, FL, 33845

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

LES JONES

LES JONES

PRES

4/28/98 941 K273842

CR2E034 (10/97)