2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9800006048 RONALD C. JONES, INC. Mailing Address Principal Place of Business 125 JONES ROAD 125 JONES ROAD DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country _ Country _ Zip

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

JONES, RONALD C

125 JONES ROAD

SIGNATURE

11.

TITI F

NAME

TITLE

NAME

NAME

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

DEFUNIAK SPRINGS FL 32433

9. This corporation is eligible to satisfy its Intangible

JONES, RONALD C

125 JONES ROAD

JONES, DIANE B

125 JONES ROAD

DEFUNIAK SPRINGS FL 32433

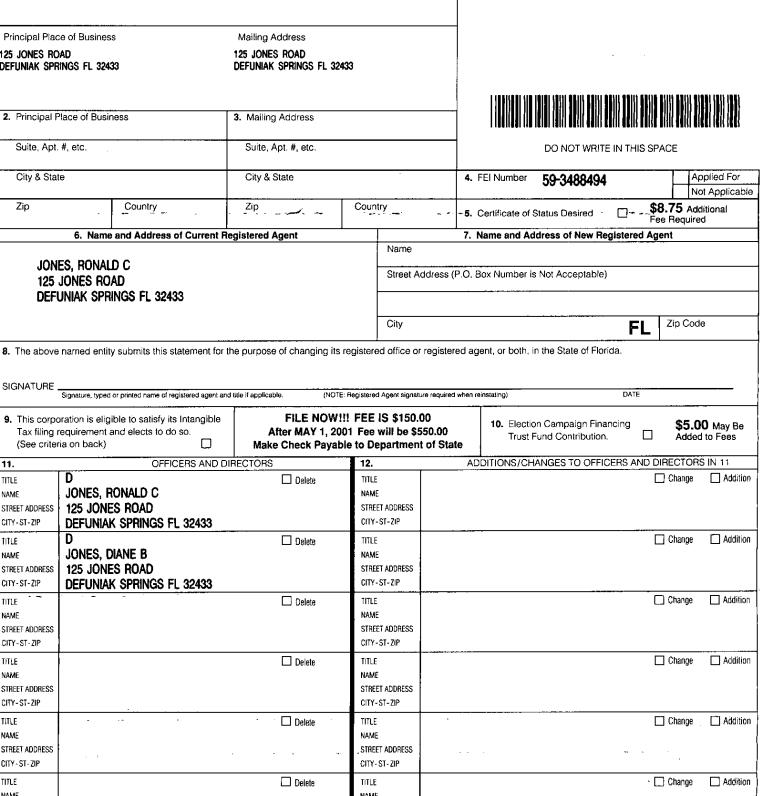
DEFUNIAK SPRINGS FL 32433

Tax filing requirement and elects to do so.

(See criteria on back)

May 15, 2001 8:00 am Secretary of State

05-15-2001 90037 040 ***150.00



13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 rustee empoweled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850 585-8204

CR2E034 (10/00)