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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90044 024 ***150.00

T, Corporation	MENT # P98000 I AND JONES, INC	010496		٠,			
Principal Place	e of Business	Mailing Address				enel nulle bluid	IDIIS CIII ISBI
616 NORTH EC		616 NORTH ECHO DRIVE					
BRANDON FL 33511 BRANDON FL 33511							
	•				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 01/30/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	ΙΔn	plied For
21			26 PO BOX 917		59-3494957	_ ·	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	 	\$8.75	
22		27	27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 Brandon, Fl			Trust Fund Contribution Added to Fees		
Zip Country		Zip Country		у	8. This corporation owes the current year Intangible		
24	25	<u> </u>	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	8	Name	10. Name and Address of New Registered	Jen	
НАУ	DEN, THOMAS A		[
616 NORTH ECHO DRIVE			8:	2 Street Addr	ess (P.O. Box Number is Not Acceptable)		Ì
BRANDON FL 33511			8:	3			
				<u> </u>			
			8	4 City	· FL	85 Zip (Code
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, Flor	Registered Ag	S. ent signature required			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO ☐ Change	RS IN 12 ☐ Addition
TITLE	D THOMAS A	☐ DELETE 1.1 TII				□ Criange	
NAME	HAYDEN, THOMAS A		1.2 NAME	ļ .			Į.
STREET ADDRESS	1 - 1 - 1			ET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511	DELETE	1.4 CITY- 2.1 TITLE			Change	☐ Addition
TITLE	JONES, JOSEPH P		2.2 NAME			_ ,	_
NAME	COL OFFEN COME DON'S	-,		ET ADDRESS			1
STREET ADDRESS	BRANDON FL 33511		2.4 CITY				Į.
TITLE			3.1 TTLE			Change	☐ Addition
NAME		3.2 N		:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			\
CITY-ST-ZIP			3.4. CITY		·		
TITLE	DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NAM	≣ [
STREET ADDRESS			4.3 STRE	ET ADDRESS	·		Ì
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP			T Addition
TITLE		☐ DELETE 5.1 m			:	☐ Change	☐ Addition
NAME			5.2 NAME	i	• • •		1
STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP			5.4 CITY- 6.1 TITLE		<u> </u>	☐ Change	☐ Addition
TITLE			6.2 NAME		,		
NAME				ET ADDRESS			
STREET ADDRESS	105F 1.5.273			OT 710			

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 policy 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 of an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND UPPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

813-624 1313

Daytime Phone