2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # P99000009958 1. Entity Name 04-04-2006 90139 008 ***150.00 JONES SUPPLY A.I. SALES AND SERVICES, INC. Principal Place of Business Mailing Address 2512 SE 29TH ST OKEECHOBEE FL 34974-6457 2512 SE 29TH ST OKEECHOBEE FL 34974-6457 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3565724 Not Applicable Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, JOANNA S Street Address 2512 S.E. 29TH STREET OKEECHOBEE FL 34974 City 0000 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$ 150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President Change ☐ Addition TITLE Delete TITLE NAME Jerry F. Jones NAME JONES, JOANNA S 2512 S.E. 29TH STREET STREET ADDRESS STREET ADDRESS 3512 SE. CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP OKerchobee Delete President Change Addition TITLE Jeffery J. Jones NAME JONES, JERRY F STREET ADDRESS 2512 S.E. 29TH STREET STREET ADDRESS 2512 S.E 2948 CITY-ST-ZIP CITY-ST-ZIP OKEECHOBEE FL 34974 nobee ■ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trustee empowered to expect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNI

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