~~PLEASE NOTE:~~ FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT

~~1998~~ 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S48962

(2)

Corporation Name
JONES & WALTERS INSURANCE, INC.

[redacted]

Principal Place of Business	Mailing Address
320 S STATE RD 7 SUITE A PLANTATION FL 33317	PO BOX 15190 PLANTATION FL 33318 US

DO NOT WRITE IN THIS SPACE

21. Principal Place of Business: 8030 Peters Road	26. Mailing Address: Same as above	3. Date Incorporated or Qualified: 04/30/1991	
22. Suite, Apt. #, etc.: D103	27. Suite, Apt. #, etc.	4. FEI Number: 65-0259873	Applied For / Not Applicable
23. City & State: Plantation, FL	28. City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24. Zip: 33324 / 25. Country: Broward	29. Zip / 30. Country	6. Election Campaign Financing Trust Fund Contribution ☐	$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	

9. Name and Address of Current Registered Agent

JONES, B. MILTON
320 SOUTH STATE ROAD 7
SUITE A
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: B. Milton Jones
82 Street Address (P.O. Box Number is Not Acceptable): 8030 Peters Road
83: D103
84 City: Plantation, FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	JONES B. MILTON	1.2 NAME	Jones, B. Milton
STREET ADDRESS	320 S STATE RD 7	1.3 STREET ADDRESS	8030 Peters Road #D103
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WALTERS, KAREN	2.2 NAME	Walters, Karen
STREET ADDRESS	320 S STATE RD 7	2.3 STREET ADDRESS	8030 Peters Road #D103
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: B. Milton Jones B. Milton Jones 954-581-7100
954-581-7100