FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



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

101

JONES MARINE CORP. (6)							II ONNI 8404 8404 01814 1884
Principal Place of Business Mailing Address					I ISBN 011091 BINN 614N 01918 11111		
700 NE 45 ST FT LAUDERDALE FL 33334		700 NE 45 ST FT LAUDERDALE FL 33334					
					3. Date Incorporated or Qualified 08/10/1992	1	e of Last Report 3/13/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0350116		Not Applicable \$8.75 Additional	
2		27			5. Cert ficale of Status Desired		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
<u> </u>	Country	28 Zip	T Country		Trust Fund Contribution		Added to Fees
[25]		29	30		8. This corporation has liability for intangible tax under sil 199.032, Florida Statutes ☑ Yes ☐ No		
	9. Name and Address of Current	Registered Agent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New F	legistered	Agent
			81	Name			
JONES, 1 700 NE 4			82 Street Add		iress (P.O. Box Number is Not Acceptable)		
	ERDALE FL 33334		83				
			84	City	er e		85 Zip Code
G-6		nn i San Culaval y Chin (A. 1)		I,	ation submits this statement for the pu	<u> </u>	<u> </u>
I2.	Spectrus by extract probed can unit reputer of agents OFFICERS AND D JONES, TED		13. 1 1006 12 NAM:	r hasigment uner rassignities	ADDITIONS/CHANGES TO OFF		D DIRECTORS IN 12
THEET ADDRESS	700 NE 45 ST		ı	I ADDRESS			
r Y-ST-ZIP	FT LAUDERDALE FL 33334		14 CITY -	51 - ZIP			
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¢M{			3.2 NAME				
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AME			4.2 NAME				
TREET ADDRESS			43 SIREL	LADDRESS			
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reel adoress			1	LADDRESS			
LY-ST-ZIP			5.4 CITY-1				
1LE		☐ DELE;E	6 1 THEF				Change Addition
≥ME			62 NAME				
REEL ADDRESS				: ADDRESS			
14. I do hereby certify that oath; that I appears in	vertify that the information supplied vertify that the information indicated on this annual ani an officer or director of the corporation of the c	with this filing is lockintally fur all report or supplemental an ration or in a federiver or trust in an attraction or with an add	nished and doe nual report is tr ee empowered dress		or the exemption stated in Section 119 decision 119 and that my signature shalt have the signature and that my signature shalt have the	:07(3)(k), FI same lega lorida Statu	orida Statutes. I further Il effect as if made under ites, and that my name
SIGNAT		PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR		3/19/19		Ekajtri er Fhijear #