FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 329200

1. Corporation Name
KAYJO, INC..

Principal Place of Business
KEY BISCAYNE
FLORIDA

Mailing Address
71 Harbor Drive
Key Biscayne, Fl.
33149

800001419458
-03/02/95--01068--010
*****208.75 DO NOT WRITE ABOVE THIS SPACE *****208.75

2. Principal Place of Business (21)	2a. Mailing Address (26) 166 Harbor Drive	3. Date Incorporated or Qualified: Apr. 23, 1968	3a. Date of Last Report: Feb. 14, 1994
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) 6	4. FEI Number: 59-1219280	☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28) Key Biscayne, Fl.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
Zip (24) / Country (25)	Zip (29) 33149 / Country (30) U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
Max D. Puyanic
51 S.W. 9th Street
Miami, Florida
33149

10. Name and Address of New Registered Agent
(81) Name
(82) Street Address (P.O. Box Number is Not Acceptable)
(83)
(84) City FL (85) Zip Code

11. 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 DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Michael C. Rice 325 Redwood Lane Key Biscayne, Fl. 33149	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P./D Robin Ryan 1470 Lakeview Rd. Eustis, Fl. 32726	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition T.S. 3/1/95
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leslie Rhew S/D 1717 N. Bayshore Dr. #2538 Miami, Fl. 33132	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D Priscilla Rhew 2610 Bird Ave. Coconut Grove, Fl. 33133	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edwin E. Rhew 1115 Brookview Dr. Brentwood, Tn. 37027	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Russell Rhew 4024 Nestledown Dr. Franklin, Tn. 37064	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Feb. 18, 1995 (305)361-5953
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL C. RICE