

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 14 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706442 (1)
 1. Corporation Name
PENSACOLA JAYCEES, INC.



Principal Place of Business 3689 E OLIVE RD P.O. BOX 972 PENSACOLA FL 32595 US	Mailing Address 3689 E. OLIVE RD. P.O. BOX 972 PENSACOLA FL 32595 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/26/1937	3a. Date of Last Report 03/26/1996
4. FEI Number 59-0782240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

SUTHERLAND, STEVE
311 NORTH SPRING STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	BURROUGH, RICK
STREET ADDRESS	660 COLONIAL DR., APT 6
CITY-ST-ZIP	FT WALTON BEACH FL
TITLE	CD <input type="checkbox"/> DELETE
NAME	PARKER, ROBERT
STREET ADDRESS	3689 E OLIVE RD
CITY-ST-ZIP	PENSACOLA FL 32595
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAXTER, JOHN S JR
STREET ADDRESS	1316 E JACKSON ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	RIDLEY, STEPHANIE A
STREET ADDRESS	1316 E JACKSON ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	PARKER, ROBERT
STREET ADDRESS	3689 OLIVE RD
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burrough Rick
1.3 STREET ADDRESS	856 Tarpon Drive
1.4 CITY-ST-ZIP	Fort Walton FL 32548
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John S. Kluchonic
3.3 STREET ADDRESS	613 S. Navy Blvd
3.4 CITY-ST-ZIP	Pensacola, FL 32507
4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Colgan
4.3 STREET ADDRESS	7820 Martinique
4.4 CITY-ST-ZIP	Pensacola, FL 32504
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

SIGNATURE _____ SIGNATURE REQUIRED