


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90005 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 706442 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	

609003-90005-1 3 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/26/1937
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0782240
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<input type="checkbox"/> Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SUTHERLAND, STEVE 311 NORTH SPRING STREET PENSACOLA FL 32501				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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURROUGH, RICK	1.2 NAME	
STREET ADDRESS	856 TARPON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT	2.2 NAME	
STREET ADDRESS	3689 E OLIVE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32595	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLUCHONIC, JOHN S	3.2 NAME	REBECCA SOUTHERN
STREET ADDRESS	613 S NAVY BLVD	3.3 STREET ADDRESS	710 SCENIC HWY #106
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLGAN, JOHN	4.2 NAME	ANGEL EMMONS
STREET ADDRESS	7320 MARTINIQUE	4.3 STREET ADDRESS	710 SCENIC HWY #106
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CURTIS A	5.2 NAME	
STREET ADDRESS	7333 PINE FOREST RD, LOT S1	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 33526	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, BRANTLEY S	6.2 NAME	
STREET ADDRESS	7591 HWY 98W, APT 7B	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32506	6.4 CITY-ST-ZIP	

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

SIGNATURE: Rebecca Southern 19 AUG 99 (850) 432-3432
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)