FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 711123 (0)

1. Corporation Name
FLORIDA JAYCEES, INC.

Principal Place of Business
2000 NORTH GILMORE AVE
P.O.BOX 90125
LAKELAND FL 33804-0125

Mailing Address
2000 NORTH GILMORE AVE
P.O.BOX 90125
LAKELAND FL 33804-0125

3. Date Incorporated or Qualified: 06/30/1966
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-0543838 — Applied For / Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
MAXSON, DANIEL E
2000 N. GILMORE AVE
LAKELAND FL 33805

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

12. OFFICERS AND DIRECTORS

TITLE	COB
NAME	PROBYN, MIKE
STREET ADDRESS	P.O. BOX NA
CITY-ST-ZIP	KEYSTONE HEIGHTS FL
TITLE	VD
NAME	SNYDER, SCOTT
STREET ADDRESS	11328 OKEECHOBEE BLVD #9
CITY-ST-ZIP	ROYLA PLAM BCH FL
TITLE	VD
NAME	JUTTNER, HEIDI
STREET ADDRESS	5496 S. NOVA RD.
CITY-ST-ZIP	HARBOR OAKS FL
TITLE	P
NAME	SEIDEL, ERIC
STREET ADDRESS	3550 WASHINGTON ST. #708B
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	VD
NAME	HAZELETT, JOAN
STREET ADDRESS	1718 PRIMROSE LANE
CITY-ST-ZIP	W PALM BEACH FL
TITLE	P
NAME	CIPRESSY, MARY ANN
STREET ADDRESS	6264 WEST SHORE DR.
CITY-ST-ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	COB	☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	☒ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ JOAN HAZELETT 4/28/95 8136885481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054007