

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N02477 (0)**  
1. Corporation Name  
**KISSIMMEE-ST.CLOUD JAYCEES, INC.**



Principal Place of Business Mailing Address  
**P O BOX 420519 KISSIMMEE FL 34742**

3. Date Incorporated or Qualified **04/11/1984** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-0806047 59-335 7015** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
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

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

9. Name and Address of Current Registered Agent  
**TIPPLE, JAMES**  
**3181 PINEBRANCH DR**  
**SUITE 202**  
**KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent  
81 Name **Mariea Kuntz**  
82 Street Address (P.O. Box Number is Not Acceptable) **918 South Park Ct.**  
83 City **Kissimmee** 85 Zip Code **FL 34741**

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 617.0506, Florida Statutes.  
SIGNATURE *[Signature]* **President** **4/25/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DAY

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TIPPLE, JAMES</b>	
STREET ADDRESS	<b>3181 PINEBRANCH DR. #202</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KONIECENY, PAUL</b>	
STREET ADDRESS	<b>1341 DORADO DR. #8</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KUNTZ, MARIEA</b>	
STREET ADDRESS	<b>4804 ORIOLE DR</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAYTON, OSCAR</b>	
STREET ADDRESS	<b>905 KELLY AVE. #3</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SZAKACS, JAMES</b>	
STREET ADDRESS	<b>6219 WHITE OAK LN</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCLOUGHLIN, PHYLLIS</b>	
STREET ADDRESS	<b>1204 ROYAL ST.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MARIEA KUNTZ</b>	
1.3 STREET ADDRESS	<b>(918 SOUTH PARK CT., KISSIMMEE FL. 34741)</b>	
1.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34741</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PAUL KONIECZNY</b>	
2.3 STREET ADDRESS	<b>4134 BLACK POWDER WAY</b>	
2.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34744</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>STEPHANIE KELLEY</b>	
3.3 STREET ADDRESS	<b>4134 BLACK POWDER WAY</b>	
3.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34744</b>	
4.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PHYLLIS MCCLOUGHLIN</b>	
4.3 STREET ADDRESS	<b>1204 ROYAL ST.</b>	
4.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34744</b>	
5.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JAMES SZAKACS</b>	
5.3 STREET ADDRESS	<b>6219 WHITE OAK LN</b>	
5.4 CITY-ST-ZIP	<b>ORLANDO, FL. 32856</b>	
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>ROBIN HEMPHILL</b>	
6.3 STREET ADDRESS	<b>2002 MARLBORO AV.</b>	
6.4 CITY-ST-ZIP	<b>KISSIMMEE, FL. 34744</b>	

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 19.07(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: *[Signature]* **President** **4/25/96** **(407) 344-6777**  
Signature and typed or printed name of signing officer or director Daytime Phone

CR2E037 (12/95)