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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Aug 13, 1998 8:00 am Secretary of State

DOCUMENT # N02477 (0)

1. Corporation Name KISSIMMEE-ST.CLOUD JAYCEES, INC.

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

3. Date Incorporated or Qualified 04/11/1984 4. FEI Number 59-3357015 Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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. Is this nonprofit corporation a homeowners association? 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent FORBES, KATHY A 613 OREGON AVE ST CLOUD FL 34769

10. Name and Address of New Registered Agent 81 Name M CLOUGHLIN, PHYLLIS 82 Street Address 1204 ROYAL STREET 83 84 City KISSIMMEE FL 85 Zip Code 34744

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 617.0603, Florida Statutes.

SIGNATURE [Signature] DATE 6-6-98 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS FORBES, KATHY A STATE DR. 613 OREGON AVE ST CLOUD FL MCNABB, DAVE 613 OREGON AVE ST CLOUD FL SIMANDL, TERRI P.O BOX 25 N/A KISSIMMEE FL M CLOUGHLIN, PHYLLIS 1204 ROYAL ST. KISSIMMEE FL SWAIN, LEIGHANN P.O BOX 1269 N/A DAVENPORT FL HEMPHILL, ROBIN 2002 MARLBORO AVE. KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE M MANAGEMENT V. P. 1.2 NAME KUNTZ, BOB 1.3 STREET ADDRESS 918 S. PARK CT KISSIMMEE FL 34741 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

SIGNATURE: [Signature] M CLOUGHLIN, PHYLLIS REQUIRED 4-28-98 (407) 518-6790 Date Daytime Phone # 0070557

CR2E037 (10/97)