FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 555971 (1)

1. Corporation Name
JODA OF CENTRAL FLORIDA, INC.

Principal Place of Business
640 S CTRY CLUB RD
LAKE MARY FL 32746

Mailing Address
640 S CTRY CLUB RD
LAKE MARY FL 32746

2. Principal Place of Business
21 521 SILVERGATE LOOP
Suite, Apt. #, etc.
22 —
City & State
23 LAKE MARY, FL
Zip
24 32746
Country
25 SEMINOLE

2a. Mailing Address
26 P.O. BOX 951254
Suite, Apt. #, etc.
27
City & State
28 LAKE MARY, FL
Zip
29 32795
Country
30 SEMINOLE

3. Date Incorporated or Qualified: 12/22/1977
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-1838442 — 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

9. Name and Address of Current Registered Agent
SCHNEEMAN, JOHN
640 S. COUNTRY CLUB RD.
LAKE MARY 32746

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
621 SILVERGATE LOOP
83 LAKE MARY FL 32746
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SCHNEEMAN, JOHN S.	
STREET ADDRESS	640 S. COUNTRY CLB RD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	S	☐ DELETE
NAME	SCHNEEMAN, GLORIA	
STREET ADDRESS	640 S. COUNTRY CLB RD	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	T	☐ DELETE
NAME	SCHNEEMAN, JONNA	
STREET ADDRESS	616 WILDFLOWER CT.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	521 SILVERGATE LOOP	
1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	521 SILVERGATE LOOP	
2.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN SCHNEEMAN

Date: 2/12/96 Daytime Phone #: (407) 324-8516