FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** 1. Corporation Name JACK HAYS, INC. Principal Place of Business Mailing Address 701 IBSEN AVENUE 701 IBSEN AVENUE ORLANDO FL 32809 ORLANDO FL 32809 3. Date Incorporated or Qualified 3a. Date of Last Report 08/06/1980 04/18/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2024154 26 21 Suite. Apt. #, etc \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country Florida Statutes Yes 💟 No 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent HAYS, JACK W. Street Address (P.O. Box Number is Not Acceptable) 701 IBSEN AVENUE 83 ORLANDO FL Zip Code 85 84 City 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, typed or prodect care, of registrated age of and title if askin able (N.11). Respitated Apent Squatize required when relief freg. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1 1 TITLE TITLE 1.2 NAME NAME HAYS, JACK W. 1.3 STREET ADDRESS STREET ADDRESS 701 IBSEN AVE. ORLANDO FL 14 City St-ZIP CITY - ST- ZIP Addition DELETE Change 2 1 1016 TITLE 2.2 NAME NAME HAYS, VIRGINIA L. 2.3 STREET ADDRESS STREET ADDRESS 701 IBSEN AVÉ. ORLANDO FL 24 CITY ST ZIP CITY - ST - 71P CollibbA [☐ Change ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP DELETE ☐ Change Addition 4 1 TIELE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZiP 4.4 CHY - \$1 - ZIP Addition DELETE Change 5 1 TiTLE TITLE 5.2 NAME 5 3 STHEET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - 712 CITY - ST-ZIP DELETE Change ■ Addition 6 1 TITE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - ST- ZIP CITY - ST - ZIP

SIGNATURE:

appears in Block 12 or Bl

THE PSIGNING OFFICER OF DIRECTOR HAYS

13 if changed, or on an attachment with an address.

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 1 further certify that the information indicated on this arrival report or suppliemental annual report is true and accurate and that my signature shall have the same logal 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

4/25/96 851-0700

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