


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706442 (1)

1. Corporation Name

PENSACOLA JAYCEES, INC.



Principal Place of Business	Mailing Address
3689 E OLIVE RD P.O. BOX 972 PENSACOLA FL 32595 US	3689 E. OLIVE RD. P.O. BOX 972 PENSACOLA FL 32595 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/26/1937	03/26/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0782240	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTHERLAND, STEVE
311 NORTH SPRING STREET
PENSACOLA FL 32501

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURROUGH, RICK	1.2 NAME	Burrough Rick
STREET ADDRESS	660 COLONIAL DR., APT 6	1.3 STREET ADDRESS	856 Tarpon Drive
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	Fort Walton FL 32548
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT	2.2 NAME	
STREET ADDRESS	3689 E OLIVE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32595	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAXTER, JOHN S JR	3.2 NAME	John S. Kluchonic
STREET ADDRESS	1316 E JACKSON ST	3.3 STREET ADDRESS	613 S. Navy Blvd
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDLEY, STEPHANIE A	4.2 NAME	John Colgan
STREET ADDRESS	1316 E JACKSON ST	4.3 STREET ADDRESS	7820 Martinique
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ROBERT	5.2 NAME	
STREET ADDRESS	3689 OLIVE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED

CR2E037 (4/97)