SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $345)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 6:11

DOCUMENT # **736696** **(6)**

1. Corporation Name
MARATHON JAYCEES, INC.

Principal Place of Business	Mailing Address
705-33RD STREET, GULF P.O. BOX 500662 MARATHON FL 33050-7662	705-33RD STREET, GULF P.O. BOX 500662 MARATHON FL 33050-7662

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1976**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2751200** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D.
5800 OVERSEAS HWY SUITE 40
MARATHON FL 33050

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	11 TITLE	P	☒ Change ☐ Addition
NAME	SMITH, LOURDES	12 NAME	Gonzalez, Luis	
STREET ADDRESS	645 43RD STREET	13 STREET ADDRESS	261 66st B Ocean	
CITY-ST-ZIP	MARATHON FL	14 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	C	21 TITLE	C.D	☒ Change ☐ Addition
NAME	MAKEPEACE, CARL	22 NAME	Smith, Lourdes	
STREET ADDRESS	107 AVE D	23 STREET ADDRESS	645-43rd Street	
CITY-ST-ZIP	MARATHON FL	24 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LOHLEIN, CINDY	32 NAME		
STREET ADDRESS	1096 82ND STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	VD	☒ Change ☐ Addition
NAME	DAYL, LISBETH	42 NAME	Lohlein, Ken	
STREET ADDRESS	15 SOMBRERO BOULEVARD	43 STREET ADDRESS	1096-82nd Street	
CITY-ST-ZIP	MARATHON FL	44 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	VD	51 TITLE	VD	☒ Change ☐ Addition
NAME	BOURCIER, PATRICIA	52 NAME	Kraner, Joann	
STREET ADDRESS	1565 52ND STREET	53 STREET ADDRESS	301-120th Street	
CITY-ST-ZIP	MARATHON FL	54 CITY-ST-ZIP	Marathon, FL 33050	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BOURCIER, LEON	62 NAME		
STREET ADDRESS	1565 52ND STREET	63 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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

SIGNATURE: Luis A Gonzalez President 6/6/95 305(743-5514)
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000537