FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 AM 10:06

DOCUMENT # 736856 (6)

1. Corporation Name
CONDUCES CLUB, INC.

Principal Place of Business	Mailing Address
4818 DALLEN LEA DR. JACKSONVILLE FL 32208	4818 DALLEN LEA DR. JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1976
3a. Date of Last Report: 08/26/1994
4. FEI Number: NOT APPLICABLE — ☐ 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 ☐ — $68.75 Supplemental Fee Not Required
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

TARVER, CORNELL
4818 DALLEN LEA RD.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: NA
82 Street Address (P.O. Box Number is Not Acceptable)
83
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: NA (Signature, typed or printed name of registered agent and title if applicable) NA (NOTE: Registered Agent signature required when reinstating) NA (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KAY, DELORIS	12 NAME	
STREET ADDRESS	2116 COMMONWEALTH AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32209	14 CITY-ST-ZIP	NA
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CHAMBERS, DELORIS	22 NAME	
STREET ADDRESS	5060 PRINCLEY AVENUE	23 STREET ADDRESS	NA
CITY-ST-ZIP	JACKSONVILLE FL 32208	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	YOUNG, LILLIAN	32 NAME	
STREET ADDRESS	1128 BRIDIER ST.	33 STREET ADDRESS	NA
CITY-ST-ZIP	JACKSONVILLE FL 32206	34 CITY-ST-ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	STOKES, FREDDIE	42 NAME	
STREET ADDRESS	435 W. 27TH ST.	43 STREET ADDRESS	NA
CITY-ST-ZIP	JACKSONVILLE FL 32206	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	REMITTED BY MAY 1 ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Delores Chambers 04-07-95 (904) 354-9200
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0025200