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 FEB -3 PM 1:55

DOCUMENT # 737221 (2)

1. Corporation Name
LAKE CITY JAYCEES, INC.

Principal Place of Business	Mailing Address
400 LOMOND P.O BOX 934 LAKE CITY FL 32056 US	400 LOMOND P.O BOX 934 LAKE CITY FL 32056 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1976
3a. Date of Last Report: 02/11/1994
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

CREAMER, DEBORAH L.
RT 15, BOX 1568 NA
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name: BRIAN McCOLLUM
82 Street Address (P.O. Box Number is Not Acceptable)
83: RT. 14 BOX 533
~~P.O. BOX 398~~
84 City: LAKE CITY FL 85 Zip Code: 32024

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	D. ☒ Change ☐ Addition
NAME	CREAMER, DEBORAH	1.2 NAME	
STREET ADDRESS	RT 15, BOX 1568 NA	1.3 STREET ADDRESS	HASSEBROEK, DEBORAH RT. 15 BOX 1568
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	D	2.1 TITLE	P. ☒ Change ☐ Addition
NAME	MCCOLLUM, BRIAN	2.2 NAME	
STREET ADDRESS	RT 7, BOX 243-58 NA	2.3 STREET ADDRESS	McCOLLUM, BRIAN RT. 14 BOX 533
CITY-ST-ZIP	LAKE CITY FL	2.4 CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	D	3.1 TITLE	D. ☒ Change ☐ Addition
NAME	MCCOLLUM, CINDY	3.2 NAME	
STREET ADDRESS	RT 7 BOX 243-58	3.3 STREET ADDRESS	CINDY McCOLLUM RT. 14 BOX 533
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	~~LAKE CITY FL 32024~~
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CHRISTINA	4.2 NAME	
STREET ADDRESS	1950 PALM CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	PARSONS, MIKE	5.2 NAME	DONNA PARSONS
STREET ADDRESS	9893 ADAMS RD	5.3 STREET ADDRESS	9893 ADAMS ROAD
CITY-ST-ZIP	WELLBORN FL	5.4 CITY-ST-ZIP	~~WELLBORN FL 32094~~
TITLE	S	6.1 TITLE	D. ☒ Change ☐ Addition
NAME	DOUGLASS, ALTON	6.2 NAME	JULIE FULTON
STREET ADDRESS	190 DEFENDER AVE	6.3 STREET ADDRESS	RT. 15 BOX 1568
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	LAKE CITY FL 32024

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)(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: Julie Fulton JULIE FULTON 1-30-95 904-963-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022706