


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 1 SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 737221 (2)</b>		
1. Corporation Name <b>LAKE CITY JAYCEES, INC.</b>		



Principal Place of Business <b>400 LOMOND P.O. BOX 934 LAKE CITY FL 32056 US</b>		Mailing Address <b>400 LOMOND P.O. BOX 934 LAKE CITY FL 32056 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>11/04/1976</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCOLLUM, BRIAN RT. 14 BOX 533 LAKE CITY FL 32024</b>		10. Name and Address of New Registered Agent <b>81 Name Gina Free</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 Rt. 17 Box 968</b> <b>84 City Lake City FL 85 32055</b>	
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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 **Gina Free, President** **July 10, 1998**  
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 <b>D</b>	<b>HASSEBROEK, DEBORAH</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>V, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME <b>Chris Candler</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>Rt. 13 Box 23</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>P</b>	<b>MOCOLLUM, BRIAN</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>James Walsh</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>Rt. 12 Box 193-A</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>D</b>	<b>MOCOLLUM, CINDY</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V, D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Steve Gambel</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>Rt. 12 Box 356</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>D</b>	<b>JONES, CHRISTINA</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Angus Stephens</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>Rt. 13 Box 504</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>T</b>	<b>PARSONS, DONNA</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Jennifer Candler</b>	
STREET ADDRESS		5.3 STREET ADDRESS <b>Rt. 13 Box 23</b>	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Lake City, FL 32055</b>	
TITLE <b>D</b>	<b>FULTON, JULIE</b> <input checked="" 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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: **Gina Free** **7-10-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **904-255-7175**

CR2E037 (5/98)