

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

DOCUMENT # 749280 (4)

1. Corporation Name

MELBOURNE, FLORIDA, JAYCEES, INC.

95 MAY -1 PM 1:18

Principal Place of Business

Mailing Address

P.O. BOX 361151
MELBOURNE FL 32936-1151

P.O. BOX 361151
MELBOURNE FL 32936-1151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1979

3a. Date of Last Report

07/28/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELGIUDICE, RAYMOND
2863-B KINGSWOOD DR., NE
PALM BAY FL 32905

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2597-A STEPHEN DR. N.E.

83

84 City

PALM BAY

FL

85

Zip Code

32905

11. Pursuant to the provisions of Sections 607.0303 and 607.1505, 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

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOLLEY, TIM
STREET ADDRESS	4250 PINWOOD RD.
CITY - ST - ZIP	MELBOURNE FL
TITLE	VP
NAME	LOUCHART, KATRENA
STREET ADDRESS	916 ALMONSA ST., N.E.
CITY - ST - ZIP	PALM BAY FL
TITLE	VP
NAME	DEAN, HAROLD
STREET ADDRESS	1274 WATERWAY ST., S.W.
CITY - ST - ZIP	PALM BAY FL
TITLE	VP
NAME	BRUNER, JOEY
STREET ADDRESS	3102 ROLLINS ST.
CITY - ST - ZIP	MELBOURNE FL
TITLE	T
NAME	DEL GIUDICE, RAYMOND
STREET ADDRESS	2863-B KINGSWOOD DR., NE
CITY - ST - ZIP	PALM BAY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	RAYMOND DEL GIUDICE	
1.3 STREET ADDRESS	2597-A STEPHEN DR. N.E.	
1.4 CITY - ST - ZIP	PALM BAY, FL 32905	T
2.1 TITLE	VICE - PRES.	☒ Change ☐ Addition
2.2 NAME	ANDREW BOYD	
2.3 STREET ADDRESS	3435 SOUTH A1A	
2.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951	T
3.1 TITLE	VICE - PRES	☒ Change ☐ Addition
3.2 NAME	GEORGE GATA	
3.3 STREET ADDRESS	2325 SUNSET AVE	
3.4 CITY - ST - ZIP	INDIALANTIC, FL 32903	T
4.1 TITLE	VICE - PRES	☒ Change ☐ Addition
4.2 NAME	RANDALL FULLEM	
4.3 STREET ADDRESS	1120 SHERWADE ST. N.W.	
4.4 CITY - ST - ZIP	PALM BAY, FL 32905	T
5.1 TITLE	TREASURER	☒ Change ☐ Addition
5.2 NAME	STEVEN RYDER	
5.3 STREET ADDRESS	5804 CRANE ROAD	
5.4 CITY - ST - ZIP	W. MELBOURNE, FL 32904	T
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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, director 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

RAYMOND DEL GIUDICE JR 4-29-95

(407) 767-0600 EX 2410

0036080