SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996 1-9-96 B-72462 C

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

DOCUMENT # H28808 (4)

1. Corporation Name

BAR-JAY SERVICES, INC.

Principal Place of Business	Mailing Address
% JAY J. VAN RHEE 843 KNOLLVIEW BLVD. ORMOND BEACH FL 32174	% JAY J. VAN RHEE 843 KNOLLVIEW BLVD. ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 11 HUDSON FALLS DRIVE
22: Suite, Apt. #, etc
23: City & State: ORMOND BCH, FL.
24: Zip: 32174
25: Country: U.S.A.

2a. Mailing Address
26: 11 HUDSON FALLS DRIVE
27: Suite, Apt. #, etc
28: City & State: ORMOND BCH, FL
29: Zip: 32174
30: Country: U.S.A.

4. FEI Number: 59-2459831 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAN RHEE, JAY J.
843 KNOLLVIEW BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: VAN RHEE, JAY J.
82 Street Address (P.O. Box Number is Not Acceptable): 11 HUDSON FALLS DRIVE
83:
84 City: ORMOND BCH FL 85 Zip Code: 32174

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: Jay J. Van Rhee DT — 6-24-96
Signature, type or print name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	VAN RHEE, JAY J.		12 NAME	
STREET ADDRESS	843 KNOLLVIEW BLVD.		13 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	VAN RHEE, BARBARA A.		22 NAME	
STREET ADDRESS	843 KNOLLVIEW BLVD.		23 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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: Jay J. Van Rhee DT — 6-24-96 — (904)677-0532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #