FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Scoretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (9) Corporation Name J. J. A., INC. Principal Place of Business Mailing Address 7437 W COLONIAL DR 7900 COURTLEIGH DR ORLANDO FL 32818 ORLANDO FL 32835-5929 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1986 08/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FET Number Applied For 21 26 59-2642286 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ¥ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ARMSTRONG, JAMES M. 82 Street Address (P.O. Box Number is Not Acceptable) 7900 COURTLEIGH DR ORLANDO FL 32835-2929 83 84 City 85 Zip Code 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 Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam Signature, typed or probed name of edysterics ages (and the diagnos-INCITE Boundary I Agent signature resp CR2E034 (12/95) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 POS TrTLE DELETE 1.11008 Change Add tion ARMSTRONG, JAMES M. NAME 1.2 NAME 7900 COURTLEIGH DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST-ZIP 14 OFY ST-7P TDV THILE DELETE 2 1 TITLE Change Addition ARMSTRONG, JULIANNE NAME 2.2 NAME 7900 COURTLEIGH DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2.4 CH + ST-2iP TITLE DELETE 3 1 THILE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 34 CITY ST-ZIP TITLE DELETE 4 1 11111 ☐ Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - ST-ZiP TITLE DELETE 5 1 T.TLE Change Addition NAMÉ 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 54 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually 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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JULIANNE ARUSTRONG 2/17/96 4072975784