SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, [illegible] AMOUNT DUE TO REINSTATE: $875)

PROFIT 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 JUN 30 AM 9:54

DOCUMENT # **J70408** **(6)**

1. Corporation Name
J.L.O.G., INC.

Principal Place of Business	Mailing Address
120 GEORGETOWN LANDING ROAD **POST OFFICE BOX 7** **GEORGETOWN FL 32039**	**120 GEORGETOWN LANDING ROAD** **POST OFFICE BOX 7** **GEORGETOWN FL 32039**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/26/1967**
3a. Date of Last Report: **07/26/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2792719** ☐ 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	10. Name and Address of New Registered Agent
KITCHENS, HOMER **120 GEORGETOWN LANDING ROAD** **GEORGETOWN FL 32039**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable — Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	1.1 TITLE	☐ Change ☐ Addition
NAME	**KITCHENS, HOMER**	1.2 NAME	
STREET ADDRESS	**120 GEORGETOWN LANDING ROAD**	1.3 STREET ADDRESS	
CITY ST ZIP	**GEORGETOWN FL 32039**	1.4 CITY ST ZIP	
TITLE	**STD**	2.1 TITLE	☐ Change ☐ Addition
NAME	**KITCHENS, PATRICIA**	2.2 NAME	
STREET ADDRESS	**120 GEORGETOWN LANDING ROAD**	2.3 STREET ADDRESS	
CITY ST ZIP	**GEORGETOWN FL 32039**	2.4 CITY ST ZIP	
TITLE	**M**	3.1 TITLE	☐ Change ☐ Addition
NAME	**KITCHENS, MALISSA A**	3.2 NAME	
STREET ADDRESS	**120 GEORGETOWN LANDING ROAD**	3.3 STREET ADDRESS	
CITY ST ZIP	**GEORGETOWN FL**	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an address.

SIGNATURE: _____ 6-6-95 904-467-2310
SIGNATURE AND TYPE OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

01H16M PP