FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

AR AND FILED
95 MAY -1 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLO

DOCUMENT # L06211 (1)

1. Corporate Name
J. C. Y. ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
1444 FIRST STREET SARASOTA FL 34236	1444 FIRST STREET SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 RT 1 BOX 385 A
Suite, Apt. #, etc. 22
City & State 23 ZOLFO SPRINGS FL
Zip 24 33890 Country 25 USA

2a. Mailing Address
26 8050 E CR 62
Suite, Apt. #, etc. 27
City & State 28 GREEN SPRINGS OH
Zip 29 44836 Country 30 USA

4. FEI Number: 59-2958204 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARRICK, JERE D.
RT. 1, BOX 385-A
HIGHWAY 17 SOUTH
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

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 (Required if this is a change of registered agent or registered office address.) (NEW Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	YOUNG, CLAUDE	12 NAME	
STREET ADDRESS	2242 STAR ROUTE 19	13 STREET ADDRESS	
CITY ST ZIP	GREEN SPRINGS OH	14 CITY ST ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	CARRICK, JERE D.	22 NAME	
STREET ADDRESS	ROUTE 1, BOX 385A	23 STREET ADDRESS	
CITY ST ZIP	ZOLFO SPRINGS FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 attachment with an address.

SIGNATURE: Claude E. Young 4-27-95 941-639-2800
(SIGNATURE AND TITLE OF AUTHORIZED INDIVIDUAL SIGNING OFFICER OR DIRECTOR) (DATE) (DAYTIME TELEPHONE NUMBER)
Claude E. Young

0341014 CP