

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02477 (0)			
1. Corporation Name KISSIMMEE-ST.CLOUD JAYCEES, INC.			
Principal Place of Business P O BOX 420519 KISSIMMEE FL 34742		Mailing Address P O BOX 420519 KISSIMMEE FL 34742-0519	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/11/1984	3a. Date of Last Report 05/01/1986
4. FEI Number 59-3357015		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent MARIEA KUNTZ 918 S. PARK CT. SUITE 202 KISSIMMEE FL 34741		10. Name and Address of New Registered Agent 81 Name Kathy A. Forbes 82 Street Address (P.O. Box Number is Not Acceptable) 613 Oregon Avenue 83 84 City St. Cloud FL 85 Zip Code 34769	
---------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kathy A. Forbes* DATE **4/27/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME KUNTZ, MARIEA STREET ADDRESS 918 S. PARK CT. CITY-ST-ZIP KISSIMMEE FL	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Kathy A. Forbes 1.3 STREET ADDRESS 613 Oregon Avenue 1.4 CITY-ST-ZIP St. Cloud, FL 34769	TITLE VD <input checked="" type="checkbox"/> DELETE NAME KONIECZNY, PAUL STREET ADDRESS 4134 BLACK POWDER WAY CITY-ST-ZIP KISSIMMEE FL	2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Dave McNabb 2.3 STREET ADDRESS 613 Oregon Avenue 2.4 CITY-ST-ZIP St. Cloud, FL 34769
TITLE VD <input checked="" type="checkbox"/> DELETE NAME KELLEY, STEPHANIE STREET ADDRESS 4134 BLACK POWDER WAY CITY-ST-ZIP KISSIMMEE FL	3.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Terri Simandl 3.3 STREET ADDRESS P.O. Box 25 3.4 CITY-ST-ZIP Kissimmee, FL. 34742-0025 N/A	TITLE D <input type="checkbox"/> DELETE NAME McLOUGHLIN, PHYLLIS STREET ADDRESS 1204 ROYAL ST. CITY-ST-ZIP KISSIMMEE FL	4.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME LeighAnn Swain 4.3 STREET ADDRESS P.O. Box 1269 4.4 CITY-ST-ZIP Davenport, FL 33836 N/A
TITLE D <input checked="" type="checkbox"/> DELETE NAME SZAKACS, JAMES STREET ADDRESS 6219 WHITE OAK LN CITY-ST-ZIP ORLANDO FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TITLE D <input type="checkbox"/> DELETE NAME HEMPHILL, ROBIN STREET ADDRESS 2002 MARLBORO AVE. CITY-ST-ZIP KISSIMMEE FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy A. Forbes* DATE **4/27/97** (407) 828-3003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)