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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N19285 (8)

1. Corporation Name
INDIANTOWN JAYCEES INC.



Principal Place of Business: BIG MOUND PARK INDIANMOUND DRIVE INDIANTOWN FL 34956
Mailing Address: P.O. BOX 207 INDIANTOWN FL 34956-0207

3. Date Incorporated or Qualified: 02/18/1987
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 65-0414068
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [], No [X]

9. Name and Address of Current Registered Agent: HARRISON, BECKY L, 8601 SW HOPWOOD AVE, INDIANTOWN FL 34956

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (85).

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: Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETE checkbox. Includes entries for PD HARRISON, BECKY; TD POWERS, MELISSA; MYPD DRISKILL, DEANNE; CVPD STRIPING, KEVIN; MYPD BULMER, PATRICIA; and MYPD CARMAN, DONNA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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: [Handwritten Signature] TITLE: TREASURER DATE: 2/4/97 PHONE: 561-592-4191

CR2E037 (9/96)