

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29150 (2)

1. Corporation Name
L.L.Y.A., INC.

Principal Place of Business
6527 MERRILL RD.
JACKSONVILLE FL. 32277
US

Mailing Address
P O BOX 15096
JACKSONVILLE FL. 32239



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/07/1988		3a. Date of Last Report 06/01/1995	
4. FEI Number 59-2941733		Applied For Not Applicable		5. Certificate of Status Desired X \$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 CULPEPPER, WOODY 6312 REGIMENT DR. JACKSONVILLE FL 32277		10. Name and Address of New Registered Agent 81 Name Williams, Richard 82 Street Address (P.O. Box Number is Not Acceptable) 11523 Monument Ridge Road 83 84 City Jacksonville, FL 85 Zip Code 32225			

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: Richard Williams
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)
DATE: 5-7-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	11 TITLE	P/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CULPEPPER, WOODY		12 NAME	Williams, Richard			
STREET ADDRESS	6312 REGIMENT DR.		13 STREET ADDRESS	11523 Monument Ridge Road			
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	Jacksonville, FL 32225			
TITLE	V	<input checked="" type="checkbox"/> DELETE	21 TITLE	V/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, TIMKER		22 NAME	Yoho, Marie			
STREET ADDRESS	4166 DAWN RIDGE RD. E.		23 STREET ADDRESS	2137 Broad Water Drive			
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP	Jacksonville, FL 32225			
TITLE	V	<input checked="" type="checkbox"/> DELETE	31 TITLE	V/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILLIAMS, RICHARD		32 NAME	Smith, Ted			
STREET ADDRESS	11523 MONUMENT RIDGE DR		33 STREET ADDRESS	1496 Classic Oak Road West			
CITY-ST-ZIP	JACKSONVILLE FL		34 CITY-ST-ZIP	Jacksonville, FL 32225			
TITLE	T	<input type="checkbox"/> DELETE	41 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROSE, DENISE		42 NAME				
STREET ADDRESS	6146 TERRY PARKER DR S		43 STREET ADDRESS	6146 Terry Parker Road			
CITY-ST-ZIP	JACKSONVILLE FL		44 CITY-ST-ZIP	32211			
TITLE	S	<input checked="" type="checkbox"/> DELETE	51 TITLE	S/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PERRET, LYNETTE L.		52 NAME	Crick, Laura			
STREET ADDRESS	3928 CHESTWOOD AVE.		53 STREET ADDRESS	6119 Shetland Road			
CITY-ST-ZIP	JACKSONVILLE FL		54 CITY-ST-ZIP	Jacksonville, FL 32277			
TITLE	D	<input checked="" type="checkbox"/> DELETE	61 TITLE	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BERNARD, JACK		62 NAME	Purcell, Mark			
STREET ADDRESS	6725 BUTTONTREE LN		63 STREET ADDRESS	8311 Century Point Drive North			
CITY-ST-ZIP	JACKSONVILLE FL		64 CITY-ST-ZIP	Jacksonville, FL 32216			

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)(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 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: Denise L. Rose Treasurer 5/5/96 (904) 743-7926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

10-20-96 OK