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Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

6527 MERRILL RD.
JACKSONVILLE FL. 32277
USP O BOX 15096
JACKSONVILLE FL. 32239-50963. Date Incorporated or Qualified
11/07/19883a. Date of Last Report
06/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, RICHARD
11523 MONUMENT RIDGE RD
JACKSONVILLE FL 32225

81 Name

Richard Hollis

82 Street Address (P.O. Box Number is Not Acceptable)

3511 Cane Creek CT

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 Hollis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILLIAMS, RICHARD
STREET ADDRESS 11523 MONUMENT RIDGE RD
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ DELETE1.1 TITLE PD
1.2 NAME Hollis, Richard
1.3 STREET ADDRESS 3511 Cane Creek CT
1.4 CITY-ST-ZIP Jacksonville FL 32225 ☐ Change ☒ AdditionTITLE VD
NAME YOHO, MARIE
STREET ADDRESS 2137 BROAD WATER DR
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME SMITH, TED
STREET ADDRESS 1496 CLASSIC OAK RD WEST
CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ DELETE3.1 TITLE VD
3.2 NAME Hicks, John
3.3 STREET ADDRESS 2256 Leon Road
3.4 CITY-ST-ZIP Jacksonville, FL. 32246 ☐ Change ☒ AdditionTITLE TD
NAME ROSE, DENISE
STREET ADDRESS 6146 TERRY PARKER DR S
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE4.1 TITLE TD
4.2 NAME Roets, Tom
4.3 STREET ADDRESS 826 Brookmont Ave. E.
4.4 CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ AdditionTITLE SD
NAME CRICK, LAURA
STREET ADDRESS 6119 SHETLAND RD
CITY-ST-ZIP JACKSONVILLE FL 32277 ☒ DELETE5.1 TITLE SD
5.2 NAME Robison, Bernadette
5.3 STREET ADDRESS 6208 Pine Summit Dr.
5.4 CITY-ST-ZIP Jacksonville, FL 32211 ☐ Change ☒ AdditionTITLE D
NAME PURCELL, MARK
STREET ADDRESS 8311 CENTURY POINT DR N
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000000

CR2E037 (9/96)