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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

11/07/1988

4. FEI Number

59-2941733

Applied For

Not Applicable

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLIS, RICHARD
3511 CANE CREEK COURT
JACKSONVILLE FL 32225

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HOLLIS, RICHARD	1.2 NAME	
STREET ADDRESS	3511 CANE CREEK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	YOHO, MARIE	2.2 NAME	
STREET ADDRESS	2137 BROAD WATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32225	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	VD
NAME	HICKS, JOHN	3.2 NAME	Robison Bernadette
STREET ADDRESS	2256 LEON ROAD	3.3 STREET ADDRESS	6208 Pine Summit Drive
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	TD	4.1 TITLE	
NAME	ROETS, TOM	4.2 NAME	
STREET ADDRESS	826 BROOKMONT AVE. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	SD
NAME	ROBISON, BERNADETTE	5.2 NAME	Daughtry, Christine
STREET ADDRESS	6208 PINE SUMMIT DRIVE	5.3 STREET ADDRESS	7337 Elvia Drive
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Thomas G. Radtke* Thomas G. Radtke Jr.

1-12-98

904-721-6968

CR2E037 (10/97)