

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90013 040 \*\*\*\*61.25

006307

**DOCUMENT # N29150**

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.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

11/07/1988

4. FEI Number

59-2941733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HOLLIS, RICHARD  
3511 CANE CREEK COURT  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name

Yoho, Marie

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

2137 Broad Water Dr.

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

*[Signature]*

2-24-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOLLIS, RICHARD  
STREET ADDRESS 3511 CANE CREEK COURT  
CITY-ST-ZIP JACKSONVILLE FL ☒ DELETE

TITLE VD  
NAME YOHO, MARIE  
STREET ADDRESS 2137 BROAD WATER DR  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ DELETE

TITLE VD  
NAME ROBISON, BERNADETTE  
STREET ADDRESS 6208 PINE SUMMIT DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

TITLE TD  
NAME ROETS, TOM  
STREET ADDRESS 826 BROOKMONT AVE. E.  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE SD  
NAME DAUGHTRY, CHRISTINE  
STREET ADDRESS 7337 ELVIA DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Yoho, Marie  
1.3 STREET ADDRESS 2137 Broad Water Dr.  
1.4 CITY-ST-ZIP Jax, FL 32225

2.1 TITLE VD ☒ Change ☒ Addition  
2.2 NAME Alsobrock, Chuck  
2.3 STREET ADDRESS 6415 Bayfield Dr.  
2.4 CITY-ST-ZIP Jax, FL 32277

3.1 TITLE VD ☐ Change ☒ Addition  
3.2 NAME Hendon, Katrina  
3.3 STREET ADDRESS 329 Fullmoon Trail  
3.4 CITY-ST-ZIP Jax, FL 32225

4.1 TITLE TD ☒ Change ☐ Addition  
4.2 NAME Roets, Tom  
4.3 STREET ADDRESS 13985 Canopy Overlook, CT  
4.4 CITY-ST-ZIP Jax, FL 32224

5.1 TITLE SD ☐ Change ☒ Addition  
5.2 NAME White, Julie  
5.3 STREET ADDRESS 7741 Brockhurst Dr.  
5.4 CITY-ST-ZIP Jax, FL 32277

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE: Thomas J. Roets Jr.

2-25-99

904-721-6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)