FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 11 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N92000000559 (6)

1. Corporation Name

WEST ORANGE JAYCEES, INC.

Principal Place of Business	Mailing Address
1190 PARTLOW DR WINTER GARDEN FL 34787 US	1190 PARTLOW DR WINTER GARDEN FL 34787 US

3. Date Incorporated or Qualified: 12/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2906975 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ASMA, WILLIAM N
886 SO DILLARD STR
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] William N. Asma
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	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	DAVIS, SHERRY	1.2 NAME	Allegroe, Sherry
STREET ADDRESS	1190 PARTLOW DR	1.3 STREET ADDRESS	1190 Partlow Dr.
CITY ST ZIP	WINTER GARDEN FL	1.4 CITY ST ZIP	Winter Garden, Fl 34787
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BELL, DAVID	2.2 NAME	
STREET ADDRESS	1190 PARTLOW DR	2.3 STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DIANE	3.2 NAME	
STREET ADDRESS	1190 PARTLOW DR	3.3 STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HOBEK, BILL	4.2 NAME	
STREET ADDRESS	1190 PARTLOW DR	4.3 STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DARREL	5.2 NAME	
STREET ADDRESS	1190 PARTLOW DR	5.3 STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, CAROL	6.2 NAME	
STREET ADDRESS	1190 PARTLOW DR	6.3 STREET ADDRESS	
CITY ST ZIP	WINTER GARDEN FL	6.4 CITY ST ZIP	

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: Carol Davis CAROL DAVIS — 5-7-95 — 407-656-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #