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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:00

DOCUMENT # N94000003937 (9)

1. Corporation Name
JULI'S HOUSE, INC.

Principal Place of Business	Mailing Address
1700 E BRONSON HWY KISSIMMEE FL 34744	1700 E BRONSON HWY KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1994
3a. Date of Last Report:
4. FEI Number: 59-3269332 ☐ 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
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

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

9. Name and Address of Current Registered Agent

JONES, GARY
1700 E BRONSON HWY
KISSIMMEE FL 34744

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 SIGNED BELOW
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	11 TITLE	☐ Change ☐ Addition
NAME	JONES, GARY	12 NAME	
STREET ADDRESS	1700 E BRONSON HWY	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PATE, DAWN	22 NAME	
STREET ADDRESS	1340 W COLUMBIA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	WOIDA, JOANNE	32 NAME	
STREET ADDRESS	825 OAK ST	33 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, JULI	42 NAME	
STREET ADDRESS	P.O. BOX 45181 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34745-1481	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HAYES, DANNY	52 NAME	
STREET ADDRESS	1700 E BRONSON HWY	53 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SHUPE, THERESA	62 NAME	
STREET ADDRESS	825 E OAK ST	63 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	64 CITY-ST-ZIP	

RESIGNED MAY 1995

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, added or on an attachment with an address.

SIGNATURE: Gary W. Jones P/D Gary W. Jones 4-30-95 407-870-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Julianna Hayes Julianna Hayes 5/1/95 407-344-1698