

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003917 (0)

1. Corporation Name

BIG PINE JAYCEES, INC.



Principal Place of Business

Mailing Address

~~P.O. BOX 430071~~
BIG PINE KEY FL 33043

~~P.O. BOX 430071~~
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified
08/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 430844

26 P.O. Box 430844

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2326241

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KRAUSE, JALYN~~
~~27021 PORCIE PATH~~
~~LITTLE TORCH KEY FL 33042~~

81 Name Lee Brenk

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

83

84 City Big Pine Key

FL

85 Zip Code 33043

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

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

(NOTE: Registered Agent signature required when reinstating)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~P D~~ ☐ DELETE
NAME WILSON, CHRISTINE
STREET ADDRESS 731 STATE RD 4A
CITY-ST-ZIP LITTLE TORCH KEY FL 33042

TITLE V ☒ DELETE
NAME BELL, LYNN
STREET ADDRESS EAST SHORE DR
CITY-ST-ZIP SUMMERLAND KEY FL 33042

TITLE ~~S D~~ ☐ DELETE
NAME GEIDE, JENNIFER
STREET ADDRESS POINSETTIA LN
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE ~~P D~~ ☒ DELETE
NAME ~~KRAUSE, JALYN~~
STREET ADDRESS ~~27021 PORCIE PATH~~
CITY-ST-ZIP ~~LITTLE TORCH KEY FL 33042~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

000001831560

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***70.00

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:

Lee Brenk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee Brenk

4-23-96

Date

Daytime Phone #

CR2E037 (12/95)