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Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 430844  
BIG PINE KEY FL 33043P.O. BOX 430844  
BIG PINE KEY FL 33043-08443. Date Incorporated or Qualified  
08/14/19953a. Date of Last Report  
05/20/19964. FEI Number  
59-2326241Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; 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

BRENK, LEE  
210 PALMETTO AVE.  
BIG PINE KEY FL 3304381 Name  
LeAnne Tavern  
82 Street Address (P.O. Box Number is Not Acceptable)  
2682 Koshn Ave.  
83  
84 Big Pine Key FL 3304311. 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 D WILSON, CHRISTINE DELETE  
NAME  
STREET ADDRESS 731 STATE RD 4A  
CITY-ST-ZIP LITTLE TORCH KEY FL 33042TITLE D GEIDE, JENNIFER DELETE  
NAME  
STREET ADDRESS POINSETTIA LN  
CITY-ST-ZIP BIG PINE KEY FL 33043TITLE D BRENK, LEE DELETE  
NAME  
STREET ADDRESS 210 PALMETTO AVE.  
CITY-ST-ZIP BIG PINE KEY FL 33043TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE PTD Jina Gide  
1.2 NAME  
1.3 STREET ADDRESS 631 Lakota Trail  
1.4 CITY-ST-ZIP Sumnerland Key, FL 330422.1 TITLE SD Sandra Sledge  
2.2 NAME  
2.3 STREET ADDRESS 81322 Avenue B  
2.4 CITY-ST-ZIP Big Pine Key, FL 330433.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE DIT LeAnne Tavern  
4.2 NAME  
4.3 STREET ADDRESS 2682 Koshn. Ave.  
4.4 CITY-ST-ZIP Big Pine Key, FL 330435.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP14. I do 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: LeAnne Tavern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024726

CR2E037 (9/96)