FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 21 AM 9:01

DOCUMENT # P93000029980 (8)

1. Corporation Name
JCS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2139 N CENTRAL AVE FLGLER BEACH FL 32136	2139 N CENTRAL AVE FLGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 344 PALM CIRCLE
22 Suite, Apt. #, etc.
23 City & State: FLAGLER BEACH, FL
24 Zip: 32136
25 Country: USA

2a. Mailing Address
26 P.O. BOX 1867
27 Suite, Apt. #, etc.
28 City & State: FLAGLER BEACH, FL
29 Zip: 32136
30 Country: USA

4. FEI Number: 59-3169010 ☐ 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

SKRYPEK, DAVID M.
2139 N CENTRAL AVE
FLGLER BEACH FL 32136

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 607.1008, 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: ✓ DAVID M. SKRYPEK ✓ DATE
(NOTE: Registered agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SKRYPEK, JOHN C	12 NAME	
STREET ADDRESS	2139 N CENTRAL AVE	13 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SKRYPEK, ALICE M	22 NAME	
STREET ADDRESS	2139 N CENTRAL AVE	23 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SKRYPEK, DAVID M	32 NAME	
STREET ADDRESS	2139 N CENTRAL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ Alice M Skrypek ALICE SKRYPEK, V.P. 2-17-95 ✓ 904-439-6095
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0403616 FP