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

APPROVED AND FILED
1995 JAN 25 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043932 (1)

1. Corporation Name
SOUTHERNMOST JAYESS, INC.

Principal Place of Business	Mailing Address
830 EATON STREET KEY WEST FL 33040 US	830 EATON STREET KEY WEST FL 33304 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21: 30 HILTON HAVEN DR
22 Suite, Apt. #, etc.: 7
23 City & State: KEY WEST
24 Zip: 33040 25 Country:

2a. Mailing Address
26: 30 HILTON HAVEN DR
27 Suite, Apt. #, etc.: #7
28 City & State: KEY WEST FL
29 Zip: 33040 30 Country:

4. FEI Number: 36-3906361 ☐ 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

SKOMP, A FREDERICK
328 SOUTHARD ST
KWY WEST FL 33041

10. Name and Address of New Registered Agent

81 Name: Skomp, A Frederick
82 Street Address (P.O. Box Number is Not Acceptable): 830 Eaton Street
83:
84 City: Key West FL 85 Zip Code: 33040

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SCHMIEGEL, JOHN	1.2 NAME		
STREET ADDRESS	5351 N MAGNOLIA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60640	1.4 CITY-ST-ZIP		
TITLE		2.1 TITLE	SEC./TREASURER	☐ Change ☑ Addition
NAME		2.2 NAME	ROSA SCHMIEGEL	
STREET ADDRESS		2.3 STREET ADDRESS	30 HILTON HAVEN DR #7	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY WEST FL. 33040	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		SCI 1-26-95

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)(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: John Schmiegel PRES JOHN SCHMIEGEL 1-20-95 305 294 7066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100610 CP