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
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046401 (4)

1. Corporation Name
JIP ASSOCIATION, INC.

Principal Place of Business
6329-A NEWBERRY ROAD
GAINESVILLE FL 32605

Mailing Address
6329-A NEWBERRY ROAD
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1993
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business
21 OAKS MALL 6329 A NEWB.
22 Suite, Apt #, etc.
23 City & State: Gainesville FL
24 Zip: 32605
25 Country: U.S.A.

2a. Mailing Address
26 6329-A Newberry Rd
27 Suite, Apt #, etc.
28 City & State: Gainesville FL
29 Zip: 32605
30 Country

4. FEI Number: 59-3188368 — 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
CHRISTMANN, THOMAS G
527 EAST UNIVERSITY AVENUE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent
81 Name: WALTER M. TOUKACH
82 Street Address (P.O. Box Number is Not Acceptable): 527 EAST UNIVERSITY AVE.
83
84 City: GAINESVILLE FL
85 Zip Code: 32602

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Signature of person or persons designated as registered agent or Title of Registered Agent) (NOTE: Registered Agent signature required when indicating) DATE: 5-6-95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	PUNJWANI, ISMAIL S	6329-A NEWBERRY RD.	GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
11	12	13	14	☐	☐
21	22	23	24	☐	☐
31	32	33	34	☐	☐
41	42	43	44	☐	☐
51	52	53	54	☐	☐
61	62	63	64	☐	☐

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. 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: [signature] Ismail S. Punjwani — 04/22/95 — 904-331-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032779 CF