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 16 PM 2:58

DOCUMENT # P94000037124 (2)

1. Corporate Name
JAYAMBAY, INC.

Principal Place of Business
2015 N NINTH AVE
PENSACOLA FL 32503

Mailing Address
2015 N NINTH AVE
PENSACOLA FL 32503

DATES WRITTEN IN THIS SPACE

3. Date of Incorporation (Current) 05/15/1994
3a. Date of Last Report N/A

2. Principal Place of Business
21
2a. Mailing Address
26
Suite Apt. #, etc.
22
Suite Apt. #, etc.
27
City & State
23
City & State
28
Zip
24
Country
25 ESCAMBIA
Zip
29
Country
30 ESCAMBIA

4. FEI Number 59-3244803 — 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. The corporation has activity for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
PATEL, JAYANTI C
2015 N NINTH AVE
PENSACOLA FL 32503

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 607.1508, 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 Jayanti C Patel 1.23.95
Signature of the registered agent or the President and of the Secretary (NOTE: Registered agent signature and date required) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATEL, JAYANTI C
STREET ADDRESS	2015 N NINTH AVE
CITY ST ZIP	PENSACOLA FL 32503
TITLE	D
NAME	PATEL, SHILA J
STREET ADDRESS	2015 N NINTH AVE
CITY ST ZIP	PENSACOLA FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not qualify for the compulsory filing requirements of Chapter 607, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that, subsequent to the annual report filing date, I am an officer or director of the corporation or the agent of the corporation upon whom service of process may be served. I further certify that the corporation has paid or is entitled to be exempt from the fees imposed by Chapter 607, Florida Statutes, and that the name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: Patel 2.9.95 (904) 432-1614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

0400178 FP