FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030978 (7)

1. Corporation Name
JA DE CLUB, INC.

Principal Place of Business
1118 C.R. HIGHWAY 574
SEFFNER FL 33584

Mailing Address
1118 C.R. HIGHWAY 574
SEFFNER FL 33584

3. Date Incorporated or Qualified: 04/17/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 12535 Hobson SimmonsRd.
Suite, Apt. #, etc 27
City & State 28 Lithia, Fl.
Zip 29 33547 Country 30 Hillsboro

4. FEI Number 59-3308112 ☐ 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

KELLEY, DEBORAH
12535 HOBSON SIMMONS ROAD
LITHIA FL 33547

10. Name and Address of New Registered Agent

81 Name N/A
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 N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KELLEY, DEBORAH	
STREET ADDRESS	12535 HOBSON SIMMONS ROAD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/S/T	☒ Change ☐ Addition
1.2 NAME	KELLEY,DEBORAH	
1.3 STREET ADDRESS	12535 HOBSON SIMMONS RD.	
1.4 CITY-ST-ZIP	LITHIA, FL. 33547	
2.1 TITLE	D/P	☐ Change ☒ Addition
2.2 NAME	KELLEY, JAMES	
2.3 STREET ADDRESS	12535 HOBSON SIMMONS RD.	
2.4 CITY-ST-ZIP	LITHIA, FL. 33547	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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. 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: James Kelley JAMES KELLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (813)6815456
Date Daytime Phone #

CR2E034 (12/95)