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PROFIT CORPORATION ANNUAL REPORT



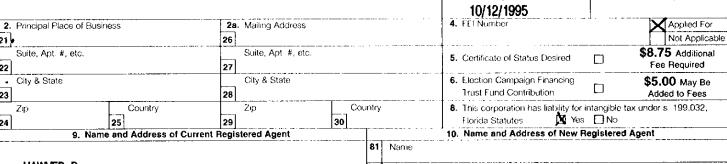
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P95000079275 (0)	
JYLCO INDUSTRIES	INC.	

Principal Place of Business Mailing Address 2405 SUCCESS DRIVE 2405 SUCCESS DRIVE ODESSA FL 33556 ODESSA FL 33556



HAWVER, D. 2405 SUCCESS DRIVE ODESSA FL 33556

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STREET ADDRESS

	Florida Statutes 🕺 Yes 🔲 No	
	 Name and Address of New Registered Agent 	
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City B5 Zip C	ode

3. Date Incorporated or Qualified

3a. Date of Last Report

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am orida Statutes. of, Section 607.0505 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition 1.111111 TITLE NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS 14 CHY - \$1 - 7P CITY - \$1 - 2IP Change Addition 2 1 INLE TITLE HAWVER 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS SAME AS ABOVE CITY-ST-ZIF 2 4 CITY - S1 - ZIP Change DELETE Addition 3 1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4 C(1Y - ST - Z(P) CITY-SI-ZIP Change Addition DELETE 4 1 111LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 C+TY - ST - ZIF CITY-S1-ZIP DELETE 6 1 TIFLE 20000175059¹2° Addition TITLE 6.2 NAME -03/20/96--01015--026 NAME ***400.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 eath; 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

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

DARRAH HAWVER)3/12

(12/95)CR2E034