FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000091496 (4) JAY-KOHL, INC. Principal Place of Business Mailing Address 1015 REDBUD CIRCLE 1015 REDBUD CIRCLE PLANT CITY FL 33566 PLANT CITY FL 33566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1997 2. Principal Place of Business. Applied For 59-3473671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name WOOD, JAY D 1015 REDBUD CIRCLE Street Address (P.O. Box Number is Not Acceptable) PLANT CITY FL 33566 83 Zip Code 07 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of State of Height. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered or obligations of Section 607.0505, Florida Statutes. JAY WOOD 13. DELETE 1.1 TITLE WOOD, JAY D NAME 1.2 NAME 1015 REDBUD CIRCLE STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 33586 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME KOHLMEYER, JAY B 2.2 NAME STREET ADDRESS 1015 REDBUD CIRCLE 2.3 STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change TITLE 31 TATLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34. CITY-ST-ZIP CITY-ST-ZIP ... Addition TITLE DELLTE 4 1 TITLE Change 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing 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 on ingert my first an address. JAY WOOD 741-688-5714 **SIGNATUI**

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6 4 CITY-ST-ZIP

61 TITLE

6.2 NAME

DELETE

Change

Addition

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME