FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Jul 28 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS **DOCUMENT # \$93642** (4) JCLA INVESTMENTS, INC. Principal Place of Business Mailing Address 31622 U.S. HWY. 19 NORTH C/O JOHN C. LANDON PALM HARBOR FL 34684 31622 US HWY 19 NORTH PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3a. Date of Last Report 3. Date Incorporated or Qualified 11/12/1991 05/02/1996 Applied For 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 59-3131364 Not Appli 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ree Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 28 Trust Fund Contribution Added to Fees Country Zip Country Z_{ip} 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LANDON, JOHN C. 31622 U.S. HWY. 19 NORTH Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 84 City 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 required when reinstaling) Signature, typed or punted name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change TITLE ☐ DELETĒ 1.1 1911 Addition LANDON, JOHN C. 1.2 NAME NAME 31622 U.S. HWY, 19 NORTH 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY - ST - ZIP 1.4 C(1Y - S1 - 7)F TITLE DELETE 2 1 TILLE ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY - ST - 7IP DELETE Change Addition TITLE 3 1 THUE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY+ST-ZIP 3.4. C(1Y - ST - 7/P) TITLE DELETE 4.1 THE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELFTE Addition TITLE 5.1 TOLE Change NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-7IP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

> 6.3 STREET ADDRESS 6.4 CITY - S1 - ZIP

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

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

STREET ADDRESS