

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V41406

(2)

1. Corporation Name

JOLYNNE ENTERPRISES, INC.



Principal Place of Business

1009 23RD STREET  
SARASOTA FL 34234

Mailing Address

1009 23RD STREET  
SARASOTA FL 34234

3. Date Incorporated or Qualified  
06/04/1992

3a. Date of Last Report  
04/25/1995

4. FEI Number  
65-0344813

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUSBURG, JONATHAN E.  
3104 NORTH TAMiami TRAIL  
SARASOTA FL 34234

81 Name LYONNE D. BRALY

82 Street Address (P.O. Box Number is Not Acceptable)  
1009 23RD ST.

84 City SARASOTA

FL

85 Zip Code 34234

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

Lyonne D. Braly - LYONNE D. BRALY

4-9-96

12. OFFICERS AND DIRECTORS

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | D                | <input type="checkbox"/> DELETE |
| NAME           | BRALY, LYONNE D. |                                 |
| STREET ADDRESS | 1009 23RD STREET |                                 |
| CITY-STATE-ZIP | SARASOTA FL      |                                 |
| TITLE          | D                | <input type="checkbox"/> DELETE |
| NAME           | BRALY, JOE       |                                 |
| STREET ADDRESS | 1009 23RD STREET |                                 |
| CITY-STATE-ZIP | SARASOTA FL      |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-STATE-ZIP |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-STATE-ZIP |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-STATE-ZIP |                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY-STATE-ZIP |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY-STATE-ZIP |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY-STATE-ZIP |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY-STATE-ZIP |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY-STATE-ZIP |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY-STATE-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 199.07(3)(g), 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 this corporation or the resident or trustee empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this filing.

SIGNATURE:

Lyonne D. Braly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

941-365-7110

CR2E034 (12/95)