

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

**APPROVED AND FILED**

95 MAY -1 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H85948** (8)  
 1. Corporation Name  
**JOY ENTERPRISES, INC.**

Principal Place of Business: **% L. M. HUGHEY, 205 S HOOVER ST, TAMPA FL 33609**  
 Mailing Address: **% L. M. HUGHEY, 205 S HOOVER ST, TAMPA FL 33609**

2. Principal Place of Business: **21**  
 State Apt. # etc.: **22**  
 City & State: **23**  
 2a. Mailing Address: **25**  
 State Apt. # etc.: **27**  
 City & State: **28**  
 County: **30**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: **11/15/1985**  
 3a. Date of Last Report: **04/28/1994**  
 4. FEI Number: **59-2602169**  
 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. 199.031, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HUGHEY, L.M.  
 205 S HOOVER ST  
 TAMPA FL 33609**

10. Name and Address of New Registered Agent  
 81 Name:  
 82 Street Address (P.O. Box Number is Not Acceptable):  
 83  
 84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0603 and 607.1505, 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
101 TITLE	PD HUGHEY, L.M. 205 S HOOVER ST TAMPA FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 NAME		12 NAME	
103 STREET ADDRESS		13 STREET ADDRESS	
104 CITY, ST., ZIP		14 CITY, ST., ZIP	
105 TITLE	SD CARTER, SHIRLEY H. 205 S HOOVER ST TAMPA FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 NAME		22 NAME	
107 STREET ADDRESS		23 STREET ADDRESS	
108 CITY, ST., ZIP		24 CITY, ST., ZIP	
109 TITLE	AST BROWNE, J. DANFORTH 205 S. HOOVER ST. TAMPA FL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110 NAME		32 NAME	
111 STREET ADDRESS		33 STREET ADDRESS	
112 CITY, ST., ZIP		34 CITY, ST., ZIP	
113 TITLE	VD HURST, HE. E. 205 S. HOOVER ST. TAMPA FL	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 NAME		42 NAME	
115 STREET ADDRESS		43 STREET ADDRESS	
116 CITY, ST., ZIP		44 CITY, ST., ZIP	
117 TITLE	T RAWLINS, WANITA 205 S. HOOVER ST. TAMPA FL	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118 NAME		52 NAME	
119 STREET ADDRESS		53 STREET ADDRESS	
120 CITY, ST., ZIP		54 CITY, ST., ZIP	
121 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 NAME		62 NAME	
123 STREET ADDRESS		63 STREET ADDRESS	
124 CITY, ST., ZIP		64 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified for the exemption stated in Section 119.02(6)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a of this report, or on an attachment with an address.

SIGNATURE: *Mike Hughey* **Mike Hughey** 4/20/95 (813) 296-2323  
 OFFICER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR