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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 201663

1. Corporation Name

Principal Place of Business

JOINER VAN AND STORAGE OF COCOA, INC.

3454 ALOMA AV WINTER PARK F US		3454 ALOMA AVE WINTER-PARK FL 32792 U8		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					04/17/1957		
2. Principal Plants 1822	ace of Business Espanola Drive.	2a. Mailing Address 26 1822 Espanola	a Driv	e	4. FEI Number 59-0829290		Applied For Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.	-		5. Certifcate of Status Desired	T	75 Additional ee Required
City & State City & State 23 Orlando, Florida 28 Orlando					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24 32804	Country 25 Orange		Country Oran		This corporation owes the currer Personal Property Tax. Name and Address of New Re	☐ Yes	
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
DENT	ON, JACQUELINE J.						
1822 ESPANOLA DR			82	Street Addi	ress (P.O. Box Number is Not Acceptab	le)	,•
ORLA	NDO FL 32804		83				
		•	84	City		-FL 85	Zip Code .
office or re	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auti	iorizea by	the corporation	poration submits this statement for the pon's board of directors. I hereby accept	ше арропшнен	ng its registered as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agei	nt signature require	od when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	
TITLE	PCD	☐ DELETE	1,1 TITLE				ange Addition
NAME	DENTON, JACQUELINE J		1.2 NAME				
STREET ADDRESS	1822 ESPONOLA DR.		į.	FADDRESS			
CITY-ST-ZIP	ORLANDO FL 32804	☐ DELETE	1.4 CITY-S	T-ZIP		□ Chi	ange
TITLE	SD DENTON L DORERT	□ DEFE IC	2.1 TITLE				
NAME	DENTON, J ROBERT		2.2 NAME	TADDRESS			
STREET ADDRESS	1822 ESPONLA DR ORLANDO FL 32804		2.4 CITY-1		عوري		-31 . ·
CITY-ST-ZIP -	ORDANDO PE 32004	□ DELETE	3.1 TITLE	71-21		☐ Ch	ange Addition
NAME		_	3.2 NAME				
STREET ADDRESS	•		1	TADDRESS	•		
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		***	□ Ch	ange
.NAME	3		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		<u> </u>	4.4 CITY-S	T-ZIP			
TITLE		DELETE	5.1 TTTLE	•		□ Ch	nange
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			ongo Dáddition
TITLE	:	☐ DELETE	6.1 TITLE			Ch	nange
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-5	T-ZiP			

14. I hereby 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 shanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90202 025 ***150.00