

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 284690 (5)

1. Corporation Name

JOINER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2808 NORTH 36 STREET
TAMPA FL 33605

2808 NORTH 36 STREET
TAMPA FL 33605

2. Principal Place of Business

2a. Mailing Address

21 4302 E. 10th AVENUE

26 4302 E. 10th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite C304

27 Suite C304

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Zip

24 33605

Country

Country

25 HILLSBOROUGH

29 33605

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOINER, J T
2808 NORTH 36 STREET
TAMPA FL 33605

81 Name

JOINER, J.T.

82

Street Address (P.O. Box Number is Not Acceptable)

4302 E. 10th AVENUE

83

Suite C304

84

City
TAMPA,

FL

85

Zip Code

33605

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JOINER, J T
STREET ADDRESS 2808 N 36TH ST
CITY - ST - ZIP TAMPA FL
☒ DELETE

1.1 TITLE PD
1.2 NAME JOINER, J.T.
1.3 STREET ADDRESS 4302 E. 10th AVE. - Suite C304
1.4 CITY - ST - ZIP TAMPA, FL 33605
☒ Change ☐ Addition

TITLE D
NAME JOINER, MARTHA W
STREET ADDRESS 2808 N 36TH ST
CITY - ST - ZIP TAMPA FL
☒ DELETE

2.1 TITLE D
2.2 NAME JOINER, MARTHA W.
2.3 STREET ADDRESS 4302 E. 10th AVE. - Suite C304
2.4 CITY - ST - ZIP Tampa, FL 33605
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.T. JOINER

6/10/96 813-247-1102

CR2E034 (3/96)