

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 317937 (1)

1. Corporation Name  
GLENN JOINER & SON, INC.

Principal Place of Business Mailing Address  
13202 W COLONIAL DR 480 E HWY 50  
P.O. BOX 770038 P.O. BOX 770038  
WINTER GARDEN FL 34787 WINTER GARDEN FL 34777-0038  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1967 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1168048 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  
7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 26. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOINER, GEORGE W  
3015 WESLENN DR  
WINTER GARDEN FL 34787

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 607.0502 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 registering agent and the date)

(NOTE: Registered Agent signature required when transferring)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | TD                | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOINER, THELMA    | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 433 N. BOYD ST.   | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | WINTER GARDEN FL  | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOINER, GEORGE    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 480 E. HIGHWAY 50 | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | WINTER GARDEN FL  | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | SD                | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOINER, THELMA    | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 480 E. HIGHWAY 50 | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | WINTER GARDEN FL  | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                   | 6.4 CITY - ST - 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 110.07(3)(b), 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 (changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
George W. Joiner

Date

(407) 556-4141