

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90033 047 ***150.00

1. Entity Name
GLENN JOINER & SON, INC.

13202 W COLONIAL DR
P.O. BOX 770038
WINTER GARDEN FL 34787
US

PO BOX 770038
P.O. BOX 770038
WINTER GARDEN FL 34777-0038
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

JOINER, GLENN O
13202 W COLONIAL DR
WINTER GARDEN FL 34787

Name _____

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution, ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☐ Delete
NAME	JOINER, GLENN O.	
STREET ADDRESS	13202 W COLONIAL DR	
CITY - ST - ZIP	WINTER GARDEN FL	

TITLE	V	☐ Delete
NAME	JOINER, GEORGE W. JR	
STREET ADDRESS	13202 W COLONIAL DR	
CITY - ST - ZIP	WINTER GARDEN FL	

TITLE	ST	☐ Delete
NAME	JOINER, BARBARA V.	
STREET ADDRESS	13202 W. COLONIAL DR	
CITY-ST-ZIP	WINTER GARDEN FL	

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	P/T	☒ Change	☐ Addition
NAME	Glenn O. Joiner		
STREET ADDRESS	13202 W. Colonial Dr		
CITY-ST-ZIP	Winter Garden FL 34787		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE S ☒ Change ☐ Addition
NAME JOINER, BARBARA V.
STREET ADDRESS 13202 W. Colonial Dr
CITY-ST-ZIP Winter Garden FL 34787

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change	☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

407-650-414

CR2E034 (9/01)