

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:47

DOCUMENT # 475213 (5)

1. Corporation Name
J. O. Y. INCORPORATED

Principal Place of Business Mailing Address
1185 BASKINS RD **1185 BASKINS RD**
LARGO FL 34648 **LARGO FL 34648**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/02/1975 **05/12/1994**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For / Not Applicable
21 1181 BASKINS RD **26 1181 BASKINS RD** **59-1588884** Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable

22 27 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 28 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 29 30 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

ORTHNER, KENNETH S.
2651 OAKBROOK DR. SW
LARGO FL 34640

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 **KEN ORTHNER / PRESIDENT** **4/3/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1 1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTHNER, GORDON DECEASED	1 2 NAME	VP
STREET ADDRESS	17960 GULF BLVD., #219	1 3 STREET ADDRESS	ORTHNER, SUSAN
CITY - ST - ZIP	REDINGTON SHORES FL	1 4 CITY - ST - ZIP	2651 OAKBROOK DR SW
TITLE	T	2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHNER, BRUNHILDE	2 2 NAME	ORTHNER, BRUNHILDE
STREET ADDRESS	17960 GULF BLVD., #219	2 3 STREET ADDRESS	11605 PARKVIEW LANE
CITY - ST - ZIP	REDINGTON SHORES FL	2 4 CITY - ST - ZIP	SEMINOLE, FL 34642
TITLE	P	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHNER, KENNETH S.	3 2 NAME	SAME
STREET ADDRESS	2651 OAKBROOK DR. SW.	3 3 STREET ADDRESS	
CITY - ST - ZIP	LARGO FL	3 4 CITY - ST - ZIP	
TITLE	S	4 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTHNER, BRUNHILDE	4 2 NAME	ORTHNER, BRUNHILDE
STREET ADDRESS	17960 GULF BLVD #219	4 3 STREET ADDRESS	11605 PARKVIEW LANE
CITY - ST - ZIP	REDINGTON SHORE FL	4 4 CITY - ST - ZIP	SEMINOLE, FL. 34642
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 if changed, or on an attachment with an address.

SIGNATURE: **KEN ORTHNER / PRESIDENT** **4/3/95** **813-584-6246**
Signature and typed or printed name of signing officer or director Date Telephone Number