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PROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 633132

(6)

1. Corporation Name

BILLJOY, INCORPORATED



Principal Place of Business

4556 TAMiami TRAIL N.  
NAPLES FL 33940

Mailing Address

4556 TAMiami TRAIL N.  
NAPLES FL 33940

3. Date Incorporated or Qualified  
08/17/1979

3a. Date of Last Report  
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
59-1931204

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

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

KESLER, Joyce B.  
4556 TAMiami TRAIL N.  
NAPLES FL 33940

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

*Joyce B. Kesler*

(NOTE: Registered Agent signature required when registering)

*Mar. 6, 1996*

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VSD  
NAME KESLER,  
STREET ADDRESS 4556 TAMiami TRAIL N.  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE VD  
NAME KESLER, WILLIAM R  
STREET ADDRESS 4556 TAMiami TRAIL N.  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE S  
NAME MACDONALD, KELLY D  
STREET ADDRESS 4556 TAMiami TRAIL, N.  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1. 1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

President/Treasurer ☒ Change ☐ Addition  
Joyce B. Kesler

4556 Tamiami Tr. N.  
Naples, FL 33940

Vice President ☒ Change ☐ Addition

William R. Kesler  
4556 Tamiami Tr. N.  
Naples, FL 33940

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Kelly D. MacDonald*

*Kelly D. MacDonald*

(941) 263-2924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)