

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 739219**

1. Corporation Name

THE JOINT HEIRS, INCORPORATED

	Principal Place of Business
П	7100 142ND AVE. N. LARGO FL 33771 US

Mailing Address

3589 7TH AVE. SE **LARGO FL 33771**

Apr 02, 1999 8:00 am § Secretary of State

04-02-1999 90028 042 ****61.25

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Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed					
n		26				06/03/1977					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		==4.=FEI Number			Applied For		
22		27				NOT APPLICABLE			Not Applicable		
City & State	8	City & State			5. Certificate of Status Desired	1	\$8.75	Additional			
13		28	28			5. Certificate of Status Desired	1	Fee	Required		
Zip Country Zip			Country			6. Election Campaign Financing	1	\$5.0	May Be		
24	25	29	30			Trust Fund Contribution	J	Adde	d to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
GONAZALEZ, EDWARD					82 Street Address (P.O. Box Number is Not Acceptable)						
			82 Street Addr			ess (F.O. box Nulliber is Not Acceptable,	,				
3589 7TH			83			 					
LARGO FL	. 33771	•	٠								
		•		84	City		FI	85 Zi	p Code		
44 D	the provisions of Castions 617 0503	and 617 1509. Elorida Statutas	the ab		named come	oration submits this statement for the nurr		hanging	its registered		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.											
SIGNATURE							DATE				
40	Signature, typed or printed name of registered agent a		13.	Agent	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE		DIREC	TORS IN 12		
12.		D DITECTORE				ADDITIONS/OFFANGES TO GITTE		Chang			
TITLE	PD	□ bereie	1.1 πτ								
NAME	GONZALEZ, EDWARD	1		1.2 NAME							
STREET ADDRESS	3589 7TH AVE SE	1.3 \$		STREET ADDRESS					ţ		
CITY-ST-ZiP	LANGOTE		1.4 CIT		ZIP	 					
TITLE	STD	☐ DELETE	2.1 TIT	LE				☐ Chang	e Addition		
NAME	PIERCE, PAUL L	2.2		2.2 NAME					1		
STREET ADDRESS	8224 128TH ST		12.3 ST	2.3 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP	SEMINOLE FL	2.4		CITY-ST-ZIP							
TITLE	VD ·	☐ DELETE	3.1 111	Œ				Chang	e C Addition		
NAME	GONZALEZ, MARY		3.2 NA								
STREET ADDRESS	3589 7TH AVE SE		3.3 STI	REET	ADDRESS				ì		
CITY-ST-ZIP LARGO FL			3.4. CiTY-ST-ZIP		-ZIP						
TITLE		DELETE						☐ Chang	e Addition		
NAME		•	4. 2 NA	ME	ļ						
STREET ADDRESS			4.3 STI	REET #	ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST-ZIP							
		☐ DELETE	5.1 TITLE					Chang	e Addition		
NAME			5.2 NAME						į		
•			5.3 STI	REET /	ADDRESS				,		
STREET ADDRESS	134.1		5.4 CITY-ST-ZIP						ļ		
CITY-ST-ZIP				LE				Chang	e Addition		
4. 5	Signal Signal		6.2 NA								
NAME					ADDRESS				-{		
STREET ADDRESS									ŧ		
CITY-ST-ZIP	<u></u>		6.4 CIT	Y-ST-		Section 110 07/2Vi) Florida Statutes I fun		e at			

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 informati 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 any address, with all other like empowered.