

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 826627

1. Corporation Name  
**JOYCE PROPERTIES, INC.**

Principal Place of Business  
**UNION NATIONAL CENTER WEST  
P. O. BOX 630  
CLARKSBURG WE 26301  
US**

Mailing Address  
**UNION NATIONAL CENTER WEST  
P. O. BOX 630  
CLARKSBURG WE 26301  
US**

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90010 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/17/1971**

4. FEI Number **55-0382911** 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **JOYCE PROPERTIES, INC.**

26 **JOYCE PROPERTIES, INC.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PO Box 630**

27 **PO Box 630**

City & State

City & State

23 **Clarksburg, WV**

28 **Clarksburg, WV**

Zip Country

Zip Country

24 **26302-0630** 25

29 **26302-0630** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, ROBERT G  
1720 NW RIVER TRAIL  
STUART FL 33494**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **HARROLD, DON C., JR.**  
STREET ADDRESS **RT.1, BOX 350**  
CITY-ST-ZIP **CLARKSBURG WV**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**6 Cameron Road**

**26301**

TITLE **D** ☐ DELETE  
NAME **HARROLD, DON C**  
STREET ADDRESS **RT.1, BOX 349**  
CITY-ST-ZIP **CLARKSBURG WV**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**Rt 1, Box 245**

**26301**

TITLE **VD** ☐ DELETE  
NAME **MESSINGER, ROBERT W**  
STREET ADDRESS **602 DEERFIELD DR.**  
CITY-ST-ZIP **BRIDGEPORT, WV**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **MCMUNN, C DAVID**  
STREET ADDRESS **EMPIRE BANK BUILDING**  
CITY-ST-ZIP **CLARKSBURG WV**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**PO Box 2040**

**26302-2040**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)