

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F56657** (2)

1. Corporation Name
JOE K. MATTHEWS, INC.

Principal Place of Business
**1511 WEST BROADWAY ST
OVIEDO FL 32765
US**

Mailing Address
**1511 West Broadway St.
OVIEDO FL 32765-8558
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
11/23/1981

3a. Date of Last Report
02/27/1996

4. FEI Number

59-2139420

Applied For

Not Applicable

6. 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

**OWEN, RICHARD B.
5250 S.W. 17th
CASSELBERRY FL 32701**

10. Name and Address of New Registered Agent

81 Name **Dan Hunter, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable)
**Hunter, Patricia Marchman & DeWitt, P.A.
243 West Park Avenue, Suite 101**
83
84 City **Winter Park** FL 85 Zip Code **32789**

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 **Daniel M. Jones**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/5/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MATTHEWS, RANDALL BRECK	
STREET ADDRESS	2019 ELECTRIC LANE.	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MATTHEWS, JOE K	
STREET ADDRESS	2015 ELECTRIC LANE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MATTHEWS, LINDA C	
STREET ADDRESS	2015 ELECTRIC LANE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTHEWS, MARY M	
STREET ADDRESS	2019 ELECTRIC LANE	
CITY - ST - ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97 (407) **365-5219**
Date Daytime Phone #

CR2E034 (9/96)