

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F66234** (8)

1. Corporation Name

JOY COMMUNICATIONS, INCORPORATED

Principal Place of Business

**200 SE SEVILLE ST
STUART FL 34994**

Mailing Address

**200 SE SEVILLE ST
STUART FL 34994**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**JOY, KATHLEEN F
2052 SW RACQUET CLUB DRIVE
PALM CITY FL 33490**

3. Date Incorporated or Qualified
02/08/1982

3a. Date of Last Report
02/10/1995

4. FEI Number

59-2166519

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME
JOY, KATHLEEN F
STREET ADDRESS
2052 SW RACQUET CLUB DR
CITY-ST-ZIP
PALM CITY, FL 00000

TITLE ☐ DELETE

NAME
JOY, CHARLES S.
STREET ADDRESS
2052 SW RACQUET CLUB DR
CITY-ST-ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
JOY, CHARLES S.
STREET ADDRESS
2052 SW RACQUET CLUB DR
CITY-ST-ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
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2052 SW RACQUET CLUB DR
CITY-ST-ZIP
PALM CITY FL

TITLE ☐ DELETE

NAME
JOY, CHARLES S.
STREET ADDRESS
2052 SW RACQUET CLUB DR
CITY-ST-ZIP
PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (407) 283 2000
Date Date of Phone #

CR2E034 (12/95)