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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 AM 8:51

DOCUMENT # G89630

(9)

1. Corporation Name

THE JOYNER COMPANY

Principal Place of Business

220 W GARDEN ST. STE 900
PENSACOLA FL 32501-8792

Mailing Address

P.O. BOX 1792
PENSACOLA FL 32598
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

01/28/1994

4. FEI Number

59-2422211

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

Zip

Country

28

30

9. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
220 WEST GARDEN STREET
SUITE #900
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WESTMORELAND, J. LOFTON
STREET ADDRESS 220 WEST GARDEN STREET
CITY-ST-ZIP PENSACOLA FL

TITLE DST
NAME YOUNGBLOOD, SARA J.
STREET ADDRESS P O BOX 123
CITY-ST-ZIP JAY FL

TITLE DVP
NAME WESTMORELAND, EVELYN J.
STREET ADDRESS P O BOX 123
CITY-ST-ZIP JAY FL

TITLE DVP
NAME SHEFFIELD, EULENE J.
STREET ADDRESS 123 SHEFFIELD DRIVE
CITY-ST-ZIP MILTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 110.07(2)(b), 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, changed, or on any amendment with an addressee.

SIGNATURE:

[Signature] President

1-23-95

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