

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 # **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 1782
PENSACOLA FL 32598
US**



3. Date Incorporated or Qualified

03/09/1984

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2422211

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 a different document with an address.

SIGNATURE:

J. Lofton Westmoreland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Lofton Westmoreland
Date

1-15-96
Daytime Phone # *904-434-3541*

CR2E034 (12/95)