


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

FILED

Jan 15 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G89630 (9)</b> 1. Corporation Name <b>THE JOYNER COMPANY</b>			
Principal Place of Business <b>220 W GARDEN ST. STE 900 PENSACOLA FL 32501-8792</b>		Mailing Address <b>P.O. BOX 1792 PENSACOLA FL 32598-1792 US</b>	
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
<b>3. Date Incorporated or Qualified</b> <b>03/09/1984</b>		<b>3a. Date of Last Report</b> <b>01/23/1996</b>	
<b>4. FEI Number</b> <b>59-2422211</b>		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>WESTMORELAND, J. LOFTON 220 WEST GARDEN STREET SUITE #900 PENSACOLA FL 32501</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	WESTMORELAND, J. LOFTON		
STREET ADDRESS	220 WEST GARDEN STREET		
CITY-ST-ZIP	PENSACOLA FL		
TITLE	DST	<input type="checkbox"/> DELETE	
NAME	YOUNGBLOOD, SARA J.		
STREET ADDRESS	P O BOX 123		
CITY-ST-ZIP	JAY FL		
TITLE	DVP	<input type="checkbox"/> DELETE	
NAME	WESTMORELAND, EVELYN J.		
STREET ADDRESS	P O BOX 123		
CITY-ST-ZIP	JAY FL		
TITLE	DVP	<input type="checkbox"/> DELETE	
NAME	SHEFFIELD, EULENE J.		
STREET ADDRESS	123 SHEFFIELD DRIVE		
CITY-ST-ZIP	MILTON FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
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			
<b>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 (including), or in an attachment with an address.</b>			
<b>SIGNATURE:</b> <i>J. Lofton Westmoreland</i> 1/8/97 904 434 3541			

CR2E034 (9/96)