


FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 02 1998 8:00am Secretary of State	
DOCUMENT # H07356 (9) 1. Corporation Name JOYNER'S MASONRY & CONCRETE WORK, INC.					
Principal Place of Business 2395 N. JOYNER TERR. P O BOX 98 CRYSTAL RIVER FL 34423-0098 US		Mailing Address ST. RD. 44 E AND JOYNER TERRACE P O BOX 98 CRYSTAL RIVER FL 34423-0098 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2418430	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JOYNER, SAMUEL STATE ROAD 44 EAST AND 14TH AVE. P. O. BOX 98 CRYSTAL RIVER FL 34429			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number Is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE D JOYNER, SAMUEL <input type="checkbox"/> DELETE					
1.2 NAME JOYNER, SAMUEL					
1.3 STREET ADDRESS ST RD 44E & JOYNER TERR.					
1.4 CITY - ST - ZIP CRYSTAL RIVER FL					
1.5 TITLE S JOYNER, ETHERL L. <input type="checkbox"/> DELETE					
1.6 NAME JOYNER, ETHERL L.					
1.7 STREET ADDRESS ST RD 44E & JOYNER TERR.					
1.8 CITY - ST - ZIP CRYSTAL RIVER FL					
1.9 TITLE <input type="checkbox"/> DELETE					
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1.96 CITY - ST - ZIP					
1.97 TITLE <input type="checkbox"/> DELETE					
1.98 NAME					
1.99 STREET ADDRESS					
1.100 CITY - ST - ZIP					

SIGNATURE: OTHELLO L. JAMES F. JAMES V. JOVNER 1-24-98 352.795.2690

CP2E034 (10/97)