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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<u> 1996</u>

DOCUMENT #

H33522

(4)

1. Corporation Name

JOYCE B. MCCOWAN REALTY AND APPRAISER, INC.

Principal Place of Business Mailing Address											
216 PARNELL ST MERRITT ISLAND FL 32953 216 PARNELL ST MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953											
						3. Date Incorporated or Qualified 12/10/1984		of Last Rep 04/25/19			
2. Principal Place of Business				a. Mailing Address				4. FEI Number 59-2562520	Applied For Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24		Country 25	29	Zip	ip Country 30			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 F	New Registered Agent		
						B1	Name				
Grass, irving 142 minuteman Causeway Cocoa Beach FL 32931						82	Street Add	iress (P.O. Box Number is Not Acceptable)			
						83					
l						84	i '		FL	. ` `	Code
	ered agent, or with, and acce		Section 607	.0505, Florida Statutes	S.	υp	oration's coo	ration submits this statement for the purid of directors. I hereby accept the appoint of directors and the statement of the s	DATE		
12.				DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS AND DIREC				
TILLE	PST			☐ DELETE	1.1 T	ITLE			i	Change	☐ Addition
NAME		OWAN, JOYCE B.		1.2 M							
STREET ADDRESS		SYKES CRK PKV	YY 708				T ADDRESS				
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NAMÉ						NAME					
STREET ADDRES	SS						FT ADDRESS				
City CT. 7IP					64	CITY -	-ST-ZIP				

14. Ido hereby cartify 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 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 certify 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

4/ 11/96 407.452-5777

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