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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J19851 **DOCUMENT #** 

(1)

JOY PAVING COMPANY, INC.										
Principal Place of	f Business	Mailing Address				-	<b>B</b> i (4 <b>0</b> 1 0103) Di	#11 WINII NIMI	4 <b>3 18</b> 91 <b>8 19</b> 11 18 8 1	
2023 GREGOI ORLANDO FL	RY ROAD		2023 GREGORY ROAD ORLANDO FL 32825							
						3. Date Incorporated or Qualified 06/16/1986	1	of Last Re 3/14/19		
2. Principal Plac	e of Business	2a. Mailing Address	2a. Mailing Address			4. FET Number		Applied For		
1		26	·						Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	Fn			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i		k under s	199.032,	
4	25	29	30			Florida Statutes Yes  10. Name and Address of New R		Lanni		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New H	egistered /	tgent		
				01						
PHILLIP:			82 Street Ad			iress (P.O. Box Number is Not Acceptable)				
	Regory Road Do Fl 32825			83						
ONLANI	JO 1 L 32023							Jee J	Code	
				84	City	ation submits this statement for the pur d of directors. I hereby accept the appe	FL			
SIGNATURE	, and accept the obligations of, Se			Ager	it signature required	when remaining ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12	
TITLE	PD	DELETE		ITLF				Change	Addition	
NAME	PHILLIPS, JOY	-	12 N/	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-SF-7IP						
STREET ADDRESS	2023 GREGORY ROAD		1351							
CITY-ST-7IP	ORLANDO FL									
TITLE		DELETE	2 1 7	ITLE			L	Change	Addition	
NAME			22 N							
STREET ADDRESS					FADDRESS					
CITY - ST- ZIP		[7] DELETE		_~_	ST Z.P			Change	Addit on	
HILE		L.J Decem	32 N							
NAME STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP			3 4 C	(TY-	ST-ZIP					
TUTUF		DELETE	4.11	IILE			[	Change	■ Add-tion	
NAME			4.2 N	AM:						
STHEFT ADDRESS					1 ADDRESS					
CITY-ST-ZIF		F			\$1 - Z/P			Change	Addition	
TILLE		DELET					l	Unlange	☐ Addition	
NAME			52 N		T ADDDGGG					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP		DELETE		TIFLE	S1-7/F			Change	Addition	
NAME		<u></u>	62 N		1					
STHEET ADDRESS					T ADDRESS					
CH V C1 3/0			640	HY-	S1-7P			<del></del>		
14. I do hereby certify that		nnua! report or supplement rooration or the receiver or	at annual report trustee empowe			or the exemption stated in Section 119 ite and that my signature shall have the s report as required by Chapter 607, F				

SIGNATURE:

DE PRINTED NAME GESIGNING OFFICER OR DIRECTION Phillips 3/18/96 40789877774