FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:04

DOCUMENT # J47606 (5)

1. Corporation Name
JOINER VAN & STORAGE, INC.

Principal Place of Business	Mailing Address
3454 ALOMA AVE PO BOX 149505 ORLANDO FL 32814	3454 ALOMA AVE PO BOX 149505 ORLANDO FL 32814

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1986
3a. Date of Last Report: 04/07/1994
4. FEI Number: 59-2776734 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOBBS, RANDALL W.
3086 RIO PINO NORTH
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 500 LAKE MILLS ROAD
83
84 City CHULUOTA FL 85 Zip Code 32766

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 Randall W. Hobbs Randall W. Hobbs President 3/14/95
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HOBBS, RANDALL W.	1.2 NAME	
STREET ADDRESS	3454 ALOMA AVE.	1.3 STREET ADDRESS	500 LAKE MILLS ROAD
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	DENTON, JACQUELINE J.	2.2 NAME	
STREET ADDRESS	175 E. WEBSTER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HOBBS, CYNTHIA	3.2 NAME	
STREET ADDRESS	3086 RIO PINO NORTH	3.3 STREET ADDRESS	500 LAKE MILLS ROAD
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	VALDES, MICHAEL A.	4.2 NAME	
STREET ADDRESS	12047 TIFT CIRCLE	4.3 STREET ADDRESS	7109 GREEN NEEDLE DR.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 if changed, or on an attachment with an address.

SIGNATURE: Randall W. Hobbs Randall W. Hobbs 3/14/95 407-677-0907
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0417037 FP