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PROFIT

CORPORATION

ANNUAL REPORT

1998

DOCUMENT #

JOYCO, INC.

SIGNATURE:

## Principal Place of Business Mailing Address C/O J.H. LONDONO C/O J. H. LONDONO 106 SW 10TH ST. 106 SW 10TH ST. DO NOT WRITE IN THIS SPACE GAINESVILLE FL 32601 GAINESVILLE FL 32601 3. Date Incorporated or Qualified 05/29/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 59-2854957 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LONDONO, J.H. 106 SW 10TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32601** 83 Zip Code City 85 FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE LONDONO, J.H. 1.2 NAME NAME CR2E034 106 SW 10TH ST. STREET ADDRESS 1.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2, 4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4,1 TITLE ☐ Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5,3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fifthg 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 of trustee empowered be 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 attaching it with an address.

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**FILED** 

Jan 30 1998 8:00am

Secretary of State

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

J74962

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

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