

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **K15578**

(3)

1. Corporation Name

MARYJOYCE INCORPORATED

Principal Place of Business
**9619 FONTAINEBLEAU BLVD.
#616
MIAMI FL 33172**

Mailing Address
**9619 FONTAINEBLEAU BLVD.
#616
MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2888659

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

WILLIAMS, MARY F
~~000 NW 210TH ST #100~~ **9619 Fontainebleau Blvd #616**
MIAMI FL 33109-2040 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
FINLEY, CRAIG W.
2678 PEYTONWOODS TR
ATLANTA GA

☐ DELETE

P
WILLIAMS, MARY F.
~~**000 NW 210TH ST #100**~~
MIAMI FL

☐ DELETE

D
FINLEY, DONALD M.
~~**8013 NW 33 TER**~~
~~**GAINESVILLE FL**~~

☐ DELETE

T
FINLEY, BENJAMIN F.
~~**802 S SABAL PALM CIR**~~
ALTAMONTE SPRING FL

☐ DELETE

VP
FINLEY, KENNETH D.
~~**3010 BROADWAY #38**~~
~~**FT MYERS FL**~~

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition
9619 Fontainebleau Blvd #616
MIAMI, FL 33172

☒ Change ☐ Addition
6013 NW 33 TER
GAINESVILLE, FL 32602

☒ Change ☐ Addition
433 SPRING RUN
CASSELBERRY, FL 32707

☒ Change ☐ Addition
304 MAINE PL
LEHIGH ACRES, FL 33936

☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: **Mary F. Williams** **MARY F. WILLIAMS** **9/19/98 (305) 485-1109**

CR2E034 (5/98)