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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 DEC -2 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mw8 12/3/96

DOCUMENT # P31420 (3)

1. Corporation Name
MY JOY LTD., INC.

REINSTATEMENT 1996

Principal Place of Business	Mailing Address
834 HWY 98E DESTIN FL 32541 US	457 HIGHWAY 468 BRANDON MS 39042-9140 US P.O. Box 629 Pelahatchie, MS 39145

3. Date Incorporated or Qualified: 10/17/1990	3a. Date of Last Report: 09/26/1995
4. FEI Number: 64-0792275	☐ 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

COPE, BETTY
709 TROWBRIDGE
FORT WALTON FL 32548

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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: Betty Cope — Betty Cope — 11/23/96
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PC LANDSAY, CHARLES 2085 BROOK DRIVE PELEHATCHIE MS	☐ DELETE X	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCV LANDSAY, JOYCE 2085 BROOK DRIVE PELEHATCHIE MS	☐ DELETE X	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	500002019845 ☐ Change ☐ Addition -12/04/96--01053--016 ****383.75 ****383.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HAMMACK, MYRNA 457 HWY. 468 BRANDON MS	☐ DELETE X	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMMACK, MISTY 457 HWY. 468 BRANDON MS	☐ DELETE X	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES TREAS Lindsay, Charles A. 208 Brook Ave. Pelahatchie, MS 39145	☐ DELETE X Add	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PRES Sec Lindsay, Joyce R 208 Brook Ave Pelahatchie, MS 39145	☐ DELETE X Add	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Myrna Hammack — Lynn Lindsay — 12-28-96 — (601) 854-8852
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #
MYRNA HAMMACK

CR2E034 (12/96)