Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90067 005 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000047569

1. Corporation Name

JOYCE CONSTRUCTION, INC.

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , ,		•
200 E MAIN ST 200 E MAIN ST								
GENEVA FL 32732 GENEVA FL 32732 US US						DO NOT WRITE IN TI	IIS SPACE	
US		03				3. Date Incorporated or Qualifed 06/23/1993	<u> </u>	
2. Principal Place of Business 2a. Mailing Address			\$			4. FEI Number	Ar	plied For
21		26	<u> </u>			59-3195369	No	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27	<del>-</del>			5. Certificate of Status Desired	Fee Re	equired
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curi	rent Registered Agent				10. Name and Address of New Register	ed Agent	
				81	Name			
	CE, FRANK E			82	Stroot Ade	dress (P.O. Box Number is Not Acceptable)		
200 E MAIN ST				62	Sileet Auc	diess (F.O. Box Number is Not Acceptable)		
GEN	EVA FL 32732			83			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
				Ш			[I ++/	
				84	City	F	<b>-</b>	Code
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (No	DTE: Registered	Agen	t signature requi	red when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVDC	☐ DELETE	1.1 Tř	ΠE			Change	☐ Addition
NAME	JOYCE, FRANK E		1.2 N	AME				
STREET ADDRESS	200 E MAIN ST		1.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	GENEVA FL		1.4 CI	TY-\$1	r-ZIP			
TITLE	ST DELETE		2.1 T	2.1 TITLE			☐ Change	☐ Addition
NAMÉ	JOYCE, PATRICIA A		2.2 N	AME				
STREET ADDRESS	200 E MAIN ST		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	GENEVA FL		2.40	iTY <u>∙\$</u>	T-ZIP			
TITLE	☐ DELETE		3.1 TI	TLE			Change	Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	ADDRESS			
CITY-ST-ZIP			3.4. C	πy-\$	T-ZIP		<del></del>	
TITLE		☐ DELETE	4.1 TI	TLE		•	Change	☐ Addition
NAME			4. 2 N	AME	j			
STREET ADDRESS	ļ		4.3 S	TREET	ADDRESS			
CITY-ST-ZIP		_	4.4 CI	TY-S]	T-ZIP			
TITLE		☐ DELETE	5.1 TI	TLE			Change	☐ Addition
NAME			5.2 N	AME		•		
STREET ADDRESS			5.3 S	TREET	ADDRESS			
CITY-ST-ZIP		_	5.4 C	TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TI	TLE			Change	☐ Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	TREET	ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP