

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000079367 (6)

1. Corporation Name

JOANDY ROAD PARTNERSHIP CORPORATION



Principal Place of Business

Mailing Address

200 CENTRAL AVE
SUITE 210
PETERSBURG FL 33701

200 CENTRAL AVE
SUITE 210
PETERSBURG FL 33701

2. Principal Place of Business

2a. Mailing Address

21 13361 Atlantic Boulev

26 P.O. Box 2861

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, Florida

28 St. Petersburg, Florida

24 Zip

25 Country

29 Zip

30 Country

32225

USA

33731-2861

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILES, JOEL B
200 CENTRAL AVE
SUITE 210
PETERSBURG FL 33701

81 Name

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

83 Suite 2000

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.

Joel B. Giles; February 7, 1996

SIGNATURE

Signature typed or printed name of registered agent and mailing address

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST
NAME GILES, JOEL B
STREET ADDRESS 200 CENTRAL AVENUE, SUITE 1210
CITY-ST-ZIP ST. PETERSBURG FL 33701

1.1 TITLE DPST
1.2 NAME J. Thomas Dodson, Jr.
1.3 STREET ADDRESS 13361 Atlantic Boulevard
1.4 CITY-ST-ZIP Jacksonville, Florida 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: J. Thomas Dodson, Jr., President; 2/7/96; (904) 221-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)