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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
13361 ATLANTIC BLVD
JACKSONVILLE FL 32225
US

Mailing Address
P.O. BOX 2861
PETERSBURG FL 33731-2861
US



2. Principal Place of Business

21 State, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt #, etc

27 City & State

28 ST. PETERSBURG, FL

29 Zip Country

30 33731-2861

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
03/11/1996

4. FEI Number
59-3290377

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILES, JOEL B
200 CENTRAL AVENUE
==SUITE 2000==
==PETERSBURG FL 33701==

81 Name

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

83 SUITE 2300

84 City ST. PETERSBURG

85 Zip Code FL 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, 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]*; JOEL B. GILES; February 26, 1997 DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME DODSON, JR. J. THOMAS
STREET ADDRESS 13361 ATLANTIC BLVD
CITY-STATE-ZIP JACKSONVILLE FL

1.2 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.3 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE VP S AT ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

2.5 NAME RENE M. WOOD

2.6 STREET ADDRESS

2.7 CITY-STATE-ZIP

2.8 NAME 5401 West Kennedy Boulevard, Suite 751

2.9 STREET ADDRESS

2.10 CITY-STATE-ZIP

2.11 NAME Tampa, FL 33609

2.12 STREET ADDRESS

2.13 CITY-STATE-ZIP

3.1 TITLE VP AS T ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

3.5 NAME EDWARD H. PARRY

3.6 STREET ADDRESS

3.7 CITY-STATE-ZIP

3.8 NAME 2325 Ulmerton Road, Suite 20

3.9 STREET ADDRESS

3.10 CITY-STATE-ZIP

3.11 NAME Clearwater, FL 34622

3.12 STREET ADDRESS

3.13 CITY-STATE-ZIP

14. I do 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: *[Signature]*; J. THOMAS DODSON, JR.; ; (904) 221-2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)