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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**

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

2. Principal Place of Business: 21 State, Apt #, etc: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt #, etc: 27 City & State: 28 **ST. PETERSBURG, FL**
 29 Zip: **33731-2861** 30 Country:

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**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

DELETE
 TITLE: **DPST**
 NAME: **DODSON, JR. J. THOMAS**
 STREET ADDRESS: **13361 ATLANTIC BLVD**
 CITY-STATE-ZIP: **JACKSONVILLE FL**

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

DELETE
 TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-STATE-ZIP: _____

DELETE
 TITLE: _____
 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: **RENE M. WOOD**
 2.3 STREET ADDRESS: **5401 West Kennedy Boulevard, Suite 751**
 2.4 CITY-STATE-ZIP: **Tampa, FL 33609**

3.1 TITLE: **VP AS T** Change Addition
 3.2 NAME: **EDWARD H. PARRY**
 3.3 STREET ADDRESS: **2325 Ulmerton Road, Suite 20**
 3.4 CITY-STATE-ZIP: **Clearwater, FL 34622**

4.1 TITLE: _____ Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-STATE-ZIP: _____

5.1 TITLE: _____ Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-STATE-ZIP: _____

6.1 TITLE: _____ Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 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**

CR2E034 (9/96)