


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

0425441

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 APR 30 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000079367**  
1. Corporation Name  
**JOANDY ROAD PARTNERSHIP CORPORATION**



Principal Place of Business      Mailing Address  
**13361 ATLANTIC BLVD JACKSONVILLE FL 32225 US**      **P.O. BOX 2861 ST PETERSBURG FL 33731-2861 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified  
**10/26/1994**

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 owes the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent

**GILES, JOEL B**  
**200 CENTRAL AVENUE**  
**SUITE 2300**  
**ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code **FL**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when renouncing)      DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>DODSON, JR. J. THOMAS</b>	
STREET ADDRESS	<b>13361 ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	<b>WOOD, RENE M.</b>	
STREET ADDRESS	<b>5401 W KENNEDY BLVD., SUITE 751</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**600002867116--6**

**-05/07/99--01073--021**

**\*\*\*\*158.75 \*\*\*\*158.75**       Change  Addition

14.1 TITLE  Change  Addition

14.2 NAME

14.3 STREET ADDRESS

14.4 CITY-ST-ZIP

14.5 TITLE  Change  Addition

14.6 NAME

14.7 STREET ADDRESS

14.8 CITY-ST-ZIP

14.9 TITLE  Change  Addition

14.10 NAME

14.11 STREET ADDRESS

14.12 CITY-ST-ZIP

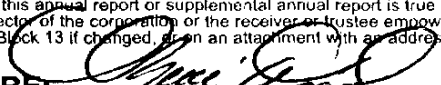
14.13 TITLE  Change  Addition

14.14 NAME

14.15 STREET ADDRESS

14.16 CITY-ST-ZIP

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, along with an attachment with an address, with all other like empowered

**SIGNATURE:**  **Rene M. Wood, Vice Pres.; 4/29/99; (813) 286-8680**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (11/98)