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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 12 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018653 (2)

JOINER'S RECOVERY SERVICE, INC.

,	ce of Business	Mailing Address		t janniger see rerst drint kom naden denst ekilet belik bilde Hilbe bilde Hille tille t	
7011 N. PALA PENSACOLA I		7011 N. PALAFOX STREI PENSACOLA FL 32503-71			
				3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 07/08/1996	
—ı ` `	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3299646	Not Applicable
Suite, Apt 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23	T Country	28	T C	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curre	29 ant Registered Agent	[30]	Florida Statutes 10. Name and Address of New Reg	
IOI	NER, RONALD	The state of the s	81 Name	TO. Hamb and Padrosa of How Ho	Natoras Adolik
	II N. PALAFOX STREET				
	NSACOLA FL 32503		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
FCI	13ACOLA FL 32303		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Stati	ites, the above-named corr	poration submits this statement for the p	
office or	registered agent, or both, in the State and familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
Ü	an ramilar with, and accept the oolig	jailons of, Section 607.0505, F	Torida Statutes.		
SIGNATURE	Signature, typical or printed name of registered ag	ord and title if applicable (NC	OTE Registered Agent signature requ	ired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
Till E	D	DELETE	1.1 TITLE		Change Addition
NAME	JOINER, RONALD		1.2 NAME		
STREET ADDRESS	7011 N. PALAFOX STREET		1.3 STREFT ADDRESS		
CITY-S1-ZIP	PENSACOLA FL 32503		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY+ST-ZIP			2 4 CITY-ST-ZIP		A4,
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		·
CITY ST ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		,
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7IP		T ==:===	4.4 CHTY - ST - ZHP	······································	'
THE		L DELETE	5.1 TITLE		Change L Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		· ·
CHY-ST-7IP	ļ	Dougra	5.4 CHTY-ST-ZIP		FT AL., TT 3.100
TITLE		L. DELETE	6.1 TITLE		Change L Addition
NAME			6 2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CHY-S1-ZIP	hu gottle that the infrareties come	and with this filing does not	6 4 CiTY-ST-ZiP	d in Continu (10.07/0)/// Flexide Continu	I forther and forther than
information nere information to the control of the	ary camy man me intermation supplic on indicated on this annual repeat or officer or director of the corporation o in Block 12 or Brock 13 if managed, c	supplemental annual report is r the receiver of trustee empor or on an attach nent with an ac	true and accurate and that wered to execute this reported that the second that	d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal rit as required by Chapter 607, Florida S	effect as if made under oath; that tatutes; and that my name