

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 # P95000091730 (8)

1. Corporation Name

JOSEPH & COMPANY, INC.



Principal Place of Business

913 SW 52ND ST.
CAPE CORAL FL 33914

Mailing Address

913 SW 52ND ST.
CAPE CORAL FL 33914

2. Principal Place of Business

21 2148 VICTORIA AVE

Suite, Apt. #, etc.

22 SUITE 1

City & State

23 FT. MYERS, FL

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 2148 VICTORIA AVE.

Suite, Apt. #, etc.

27 SUITE 1

City & State

28 FT. MYERS FL

Zip

29 33901

Country

30 LEE

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

N/A

4. FEI Number

65-0516456

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. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOSEPH, SHAWN P
913 SW 52ND ST.
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

JOSEPH, SHAWN P

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

2148 VICTORIA AVE SUITE 1

83

FT. MYERS

84 City

FT. MYERS

FL

85 Zip Code

33901

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

Shawn Powell-Scope

(If the Registered Agent is not required when registering, leave blank.)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P
NAME JOSEPH, SHAWN P
STREET ADDRESS 913 SW 52ND ST.
CITY-ST-ZIP CAPE CORAL FL 33914

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P
NAME JOSEPH, SHAWN P
STREET ADDRESS 2148 VICTORIA AVE SUITE 1
CITY-ST-ZIP FT. MYERS, FL 33901

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

Shawn Powell-Scope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96

DATE

941-334-6268

Daytime Florida #

CR2E034 (12/95)