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May 13 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 # P96000050890 (8)

1. Corporation Name
FLO-JOE, INC.



Principal Place of Business
220 TALLEYRAND AVE
JACKSONVILLE FL 32202

Mailing Address
220 TALLEYRAND AVE
JACKSONVILLE FL 32202-1228

3. Date Incorporated or Qualified
06/14/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

57-3381553

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22
City & State

27
City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

24

Country

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMORISKY, ALAN J
220 TALLEYRAND AVE
JACKSONVILLE FL 32202

81 Name

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

83

84 City

FL

85 Zip Code

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 Inc. if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. CHAIRMAN/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HYMAN, FLORA B
220 TALLEYRAND AVE
JACKSONVILLE FL 32202

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
HYMAN, FLORA B.
220 TALLEYRAND AVE.
JACKSONVILLE, FL. 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAMORISKY, ALAN J
220 TALLEYRAND AVE
JACKSONVILLE FL 32202

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
PRESIDENT
ALAN J. SAMORISKY
220 TALLEYRAND AVE.
JACKSONVILLE, FL. 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
VICE PRES./SECRETARY
MIRIAM S. CARTER
220 TALLEYRAND AVE.
JACKSONVILLE, FL. 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DELETED

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETED

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
DELETED

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (904) 357-4341

Date Daytime Phone #

0029279

CR2E034 (9/96)