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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000060923 (4)

JOE-BROCK ENTERPRISES, INC.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address				
5803 BOBBY JONES RD. ORLANDO FL 32808		5803 BOBBY JONES R	D.			
		ORLANDO FL 32808			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/09/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
15603	Bobby Jones A	N 26 - 5	< SAME		V Not Applical	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	J		5. Certificate of Status Desired S8.75 Additional	
		[27]			Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
BOYLA	ando Fia.	28			Trust Fund Contribution Added to Fees	
¬ Zip` , Q.	Country	Zφ	Count	У	8. This corporation owes or has paid the current year Intangible	
43280	9. Name and Address of Currer	29	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		it Hegistered Agent	B.	Name	10. Name and Address of New Pagistered Agent	
	KINNEY, BOBBY J		Ľ	Hame		
	BOBBY JONES RD.		8:	Street Add	dress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32808				83		
			Ľ	´]		
			84	4 City	FL 85 Zip Code	
44 Pureuant to	o the provisions of Sections 607.056	2 and 607 1508 Florida Stat	utes the above	ve-named co	rooration submits this statement for the purpose of changing its register	
office or re	mistered anent, or both, in the State	of Florida, Such change wa	s authorized b	ov the corpor	ation's board of directors. I hereby accept the appointment as registered	
agent. Lam	n familiar with and accept the oblig	ations of, Section 607.0505,	Florida Statute	98. - <i>AAC A</i>	INNEY 4-28-98	
SIGNATURE 🚽	signature typiya organized name of nige life of any	out med and activities (N	OTE Broadword A	non sometime red	uired when reinstating) DATE	
12.		D DIRECTORS	13.	3	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ITLE	D	DELETE	1.1 TITLE	1	Change Addit	
NAME !	MCKINNEY, BOBBY J		1.2 NAME			
STREET ADDRESS	5603 BOBBY JONES RD.		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY	S1-ZIP	·	
TITLE	D	☐ DELETE	2.1 TITLE		Change Addit	
NAME	MCKINNEY, LARRY B					
STREET ADDRESS			2.3 STRE	FT ADDRESS		
CITY-ST-ZIP	BECKLEY WV 25801	2 4 CITY		- ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addit	
NAME	3.6		3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addit	
NAME			4. 2 NAM	£		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	S1 - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addit	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5 4 CITY		D. C	
T.T. F		∐ DELETE	6 1 TITLE		Change L Addii	
INLE			6.2 NAM			
TITLE NAME			6 3 STRE	FT ADDRESS		
NAME				l l		
NAME STREET ADDRESS CITY-ST-ZIP			6.4 CITY-	St-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby ce	on this apparal report or supplement	al annual report is tru e and a	for the exem	ption stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same local effect as if made under oath, that I am an	
NAME STREET ADDRESS CHY-ST-ZIP 14. I hereby ce indicated cofficer or defice.	on this apparal report or supplement	al annual report is tru e and a eiver or trustee emp owered !	for the exem	ption stated i	in Section 119.07(3)(i). Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	