

**DOCUMENT # P98000001891**

1. Entity Name  
**JOEYS INTERIOR TRIM, INC.**

Principal Place of Business      Mailing Address  
10205 BROOKVIEW DR., S.      10205 BROOKVIEW DR., S.  
JACKSONVILLE FL 32246      JACKSONVILLE FL 32246-8694

FILED  
00 MAR 24 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1998 Brookview DRS**      **1998 Brookview DRS**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Jacksonville, Fla.**      **Jacksonville, Fla.**

Zip      Country      Zip      Country  
**32246**      **Duval**      **32246**      **Duval**

4. FEI Number      59-3451076      Applied For  
Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GAY, JOEY**  
**1998 10205 BROOKVIEW DR., S.**  
**JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent  
Name: **Joey Lee Gay**  
Street Address (P.O. Box Number is Not Acceptable): **1998 Brookview DRS**  
City: **Jacksonville**      FL      Zip Code: **32246**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: **Joey Lee Gay**      DATE: **1-10-00**

Signature of the current registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSTEEN, THOMAS R PO BOX 192 GRAHAM FL 32044 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treasurer - VP Robin Gay 1998 Brookview DRS Jacksonville, Fla. 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joey Lee Gay 1998 Brookview DRS JACKSONVILLE, Florida 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robin Gay**      DATE: **1-10-00**      DAYTIME PHONE: **904 759-6330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Joey Lee Gay**      3-2-00 (904) 759-6337  
President