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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan:

Secretary of State DIVISION OF CORPORATIONS

1996

S25065 **DOCUMENT #**

(1)

| JOINER MACHINE, INC. | | |
|------------------------------------|--|-----------------------------------|
| Principal Place of Business | Mailing Address | (126/10/10 115 115/10 20/10 20/10 |
| 210 W SECOND ST APOPKA FL 32703 | PO BOX 730 APOPKA FL 32704-0730 US | Date Incorporated or Qualified |
| US | 03 | 01/14/1991 |
| 2. Principal Place of Business | 2a. Mailing Adoress | 4, FEI Number |
| 21 3203 General Electri | c Road [26] | 59-3043762 |

3a. Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Not Applicable

| Suite Apt. #, | Apt. #, etc Suite. Apt. #, etc. | | | 5. Certificate of Status Desired | XX | Fee Re | Additional equired | |
|--|--|-------------------------------|------------------|---|--|--------------|-----------------------|-------------------|
| Unit #1 City & State | | City & State | | | 6. Election Campaign Financing | | | May Be to Fees |
| Plymout | h, Florida | 28 | —· [| | Trust Fund Contribution 8. This corporation has liability for | r intano ble | | |
| Zip | Country U.S.A. | Zip 1.11 | Gountr 30 | ¥ | Fiorida Statutes 🔼 Ye | s ∐No | | |
| 32768 | 123 | 29 | " [| | 10. Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Current | Registered Agent | | 1 Name | | | | |
| KELLEY, CHARLENE D. 36 N. PARK AVENUE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 8 | 63 | | | | |
| | | | - B | | | | | |
| APOPKA FL 32703 | | _ | | | | | | |
| | | | | 4 City | | F | L | |
| | the provisions of Sections 607.0502 | | t to a the obour | _ L | ration submits this statement for the p | ourpose of o | changing its re | egistered offic |
| familiar with | the provisions of Sections 607,0502 of agent, or bottle in the State of Florida, and accept the obligations of Section (Section 2016). | 11 (07 10300) 1 10 1111 | ites. | | ad was nepstate gl | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO O | FFICERS A | NO DIRECTO | Aodilion |
| rit | DP | DELFTE | 1.1111 | ı.F | | | ☐ Charge | |
| AME | FERGUSON, STEVEN E. | | 1.2 NAM | 4E | | | | |
| TREET ADORESS | 136 WEST ORANGE STREET | | 1 3 STH | EET ADOPESS | | | | |
| iTY -ST - ZIP | APOPKA FL | | 1.4.01 | r-ST-7-P | | | Change | ic-tibbA 📋 |
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| AME | FERGUSON, MARY J. | | 2.2 NAM | NI . | | | | |
| TREET ADDRESS | 136 WEST ORANGE STREET | | | REST ADDRESS | | | | |
| nTy - ST - ZiP | APOPKA FL | | | Y-SI Zir | | <i>,</i> | Change | Add to |
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| TITLE | | <u> </u> | . 62 N | AMÉ | | | | |
| NAME | | | 63S | THEFT ADDRESS | | | | |
| SZBROCA 133RTZ | | | | | | | | |
| CITY - ST - ZIP | 1 | with this films is valuataril | ly furnished and | does not qualit | fy for the exemption stated in Section | 119.07(3)(k |), Florida Stat | utes. I furtino |

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 certify 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.
(407) 886–6234

Mary J. Ferguson

05/01/96

(407) 886-2806

Daylore, Photo R