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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # S54402 1. Corporation Name

JOY ENDEAVORS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address Principal Flace of Business 1260 ROBIN DRIVE 1260 ROBIN DRIVE PORT ORANGE FL 32119 PORT ORANGE FL 32119

Country

9. Name and Address of Current Registered Agent

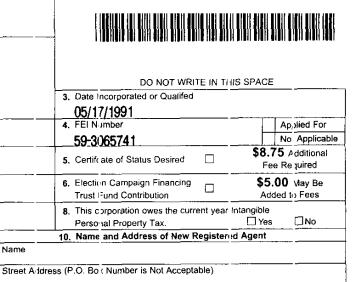
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JOY, RAYMOND G

1260 ROBIN DRIVE PORT ORANGE FL 32119

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90194 018 \*\*\*150.00



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subm is 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 a cept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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84 City

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SIGNATURE Signature, typed or printed no me of registered agen, and title if applicable. (NOTE: Registered Agent signature required when reinstating: DATE							
12.	OFFICERS ANI) DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	JOY, RAYMOND		1.2 NAME				İ
STREET ADDRESS	1260 ROBIN DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	JOY, JEANETTE L		2.2 NAME				
STREET ADDRI SS	1260 ROBIN DRIVE		2.3 STREET ADDRESS				\
CITY-ST-ZIP	PORT ORANGE FL		2. 4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	JOY, KELLY M		32 NAME				
STREET ADDRESS	1260 ROBIN DRIVE		3.3 STREET ADDRESS				Į.
CITY-ST-ZIP	PORT ORANGE FL	·····	3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				į
CITY-ST-ZIP			4 4 CITY-ST-ZIP				
TITLE		☐ DELETE	51 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				ļ
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETÉ	61 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made or derivate; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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, with all other like empowered.

Zip Code