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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V47952

(9)

JOYCE'S TOUCH OF CLASS, INC.

FILED									
Apr 21 1997 8:00am									
Secretary of State									



Principal Place	e of Business	Mailing Address			n somet ander andre nider fielle Billio siller actet Billiet ablite andre actet andre some			
632 W 29RD STREET PANAMA CITY FL 32405 US		632 W 23RD STREET PANAMA CITY FL 324						
		US			3. Date Incorporated or Qualified 3a. Date of 06/29/1992 07/24/			of Last Report
2. Principal P	lace of Business	2a. Mailing Address		.,	4. FEI Number			pplied For
1		26			59-3136122		N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired
City & State	c	City & State			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
3 Z(p)	Zip Country Zip		Count	ry	8. This corporation has liability for i			
4	իդ <u>ի</u> դ ի		30	1		Yes 🔲	es D No	
<u> </u>	9. Name and Address of Cu				10. Name and Address of New Re-	istered Ag	ent	
Wil	LIAMSON, JOYCE		8	1 Name			7	
632 W 23RD STREET PANAMA CITY FL 32405			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
174	WHIPT OFFI I E OFFIDS		8	3	······································			
			8	4 City		FL	85 Zip	Code
		2000 2500 51 21 0			poration submits this statement for the p			
12.	Stgoulors, typical or printed name of registers OFFICERS	AND DIRECTORS	13.	gen signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC			
TILLE	D	DELETE			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	WILLIAMSON, JOYCE		1.2 NAMI	i		_		<u>-</u>
STREET ADORESS	632 W. 23RD STREET		1.3 STRE	ET ADDRESS				
DITY-S1-20F	PANAMA CITY FL.		1.4 CITY	-ST-ZIP				
RITLE		☐ DELETE	2.1 TITLE			L	Change	Addition
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STREET ADDIESS			23 STRE	ET ADDRESS				
CHTY ST-749			2. 4 CITY				1	
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14. I do hereby certify that the information supplied with this filing does not quality 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 am an other 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

THE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTIO

4-14-97 904-769-6336

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