

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **246571** (4)

1. Corporation Name

CHARLES E. JOHNSTON, COMPANY



Principal Place of Business

**7944 WILDWOOD RD
JACKSONVILLE FL 32211
US**

Mailing Address

**7944 WILDWOOD AVE.
JACKSONVILLE FL 32211
US**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/14/1961

3a. Date of Last Report
02/03/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0938518

Applied For
Not Applicable

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSTON, C E
5550 HILLMAN DRIVE
JACKSONVILLE FL 32210**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of principal or person authorized to register agent and the applicable

(If Officer, Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, C E | |
| STREET ADDRESS | 5550 HILLMAN DRIVE | |
| CITY, ST, ZIP | JACKSONVILLE FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, FRANCES E. | |
| STREET ADDRESS | 5550 HILLMAN DRIVE | |
| CITY, ST, ZIP | JACKSONVILLE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JOHNSTON, JAMES | |
| STREET ADDRESS | 5550 HILLMAN DRIVE | |
| CITY, ST, ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | 7944 WILDWOOD RD |
| 4. CITY, ST, ZIP | |
| 5. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | 7944 WILDWOOD RD |
| 8. CITY, ST, ZIP | |
| 9. TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | 7944 WILDWOOD RD |
| 12. CITY, ST, ZIP | |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY, ST, ZIP | |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY, ST, ZIP | |

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

C E Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96

904-725-6995

Date

Daytime Phone #

CR2E034 (12/95)