FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAR 22 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 301182 (2)

1. Corporation Name
JOHNSON FARMS, INC.

Principal Place of Business	Mailing Address
505 S FLAGLER DR #1313 W PLAM BCH FL 33401 US	PO BOX 85 W PALM BCH FL 33402 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1966
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-1214647 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

JOHNSON, RICHARD S
505 S. FLAGLER DRIVE
SUITE 1313
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JOHNSON, RICHARD S	1.2 NAME	Johnson, Richard S	
STREET ADDRESS	7301 S FLAGLER DRIVE	1.3 STREET ADDRESS	751 Island Dr	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, SCOTT A	2.2 NAME	Johnson, Scott A	
STREET ADDRESS	7301 S FLAGELR DRIVE	2.3 STREET ADDRESS	505 S. Flagler Dr., Suite 1313	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RICHARD S JR	3.2 NAME		
STREET ADDRESS	2614 GEORGIA LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP		
TITLE	DS	4.1 TITLE	S	☒ Change ☐ Addition
NAME	JOHNSON, PATSY S	4.2 NAME	Johnson, Patsy S	
STREET ADDRESS	7301 S FLAGLER DRIVE	4.3 STREET ADDRESS	751 Island Dr	
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	Palm Beach FL 33480	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SNED, PATRICIA J	5.2 NAME		
STREET ADDRESS	165 ELWA PLACE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FLAGG, CATHARINE J	6.2 NAME		
STREET ADDRESS	219 MURRAY ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL	6.4 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)(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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Q01636 CP