

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90175 034 ***150.00

DOCUMENT # 301182

1. Corporation Name

JOHNSON FARMS, INC.

Principal Place of Business

505 S FLAGLER DR
SUITE 1010
W PLAM BCH FL 33401
US

Mailing Address

PO BOX 85
W PALM BCH FL 33402
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1966

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RICHARD S
505 S. FLAGLER DRIVE
SUITE 1010
WEST PALM BEACH FL 33401

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSON, RICHARD S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DRIVE, #1010
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME JOHNSON, RICHARD S JR
STREET ADDRESS 2614 GEORGIA LANE
CITY-ST-ZIP LAKE WORTH FL

TITLE DS ☐ DELETE

NAME JOHNSON, PATSY S
STREET ADDRESS 751 ISLAND DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME SNED, PATRICIA J
STREET ADDRESS 165 ELWA PLACE
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE

NAME FLAGG, CATHARINE J
STREET ADDRESS 219 MURRAY ROAD
CITY-ST-ZIP W PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Austin, Helene J.
1.3 STREET ADDRESS 100 Plymouth Rd
1.4 CITY-ST-ZIP West Palm Beach FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE RICHARD S JOHNSON

Date

Daytime Phone #

CR2E034 (1/98)