

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 # 322710 (5)

1. Corporation Name
JOHNSON ENGINEERING, INC.



Principal Place of Business Mailing Address
**2158 JOHNSON STREET
PO BOX 1550
FORT MYERS FL 33902**

3. Date Incorporated or Qualified **11/03/1967** 3a. Date of Last Report **02/03/1995**
4. FEI Number **59-1173834** 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

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

9. Name and Address of Current Registered Agent

**BANKS, FORREST H.
2158 JOHNSON ST
FT MYERS FL 33901**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRACO, CARL A.	1.2 NAME	Grant, Archie T., Jr.
STREET ADDRESS	8380 AQUA COVE COURT	1.3 STREET ADDRESS	1302 Melaleuca Lane
CITY-ST-ZIP	NORTH FOR MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEILING, KENTON R.	2.2 NAME	Banks, Forrest H.
STREET ADDRESS	736 ANTALYA COURT	2.3 STREET ADDRESS	1334 Jambalana Lane
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEY, W. DAVID	3.2 NAME	Morrison, Steven K.
STREET ADDRESS	439 PRATHER DRIVE	3.3 STREET ADDRESS	1231 Walden Drive
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, Florida 33901
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBNER, JOSEPH W.	4.2 NAME	
STREET ADDRESS	2025 S.E. 44TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILTON, ANDREW D.	5.2 NAME	
STREET ADDRESS	18810 SERENOA CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALVA FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONER, JEFFREY C.	6.2 NAME	
STREET ADDRESS	16119 FLAGG POND	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS 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)(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, with an attachment with an address.

SIGNATURE: *Forrest H. Banks* Forrest H. Banks 1/24/96 (941) 334-0046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)