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03-01-1999 90086 030 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 322710

1. Corporation Name
JOHNSON ENGINEERING, INC.



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

Mailing Address
 2158 JOHNSON STREET
 PO BOX 1550
 FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1967

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30

9. Name and Address of Current Registered Agent
MORRISON, STEVEN K
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|-------------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BARRACO, CARL A. | <input checked="" type="checkbox"/> |
| STREET ADDRESS | 8380 AQUA COVE COURT | |
| CITY-ST-ZIP | NORTH FOR MYERS FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEILING, KENTON R. | <input checked="" type="checkbox"/> |
| STREET ADDRESS | 736 ANTALYA COURT | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KEY, W. DAVID | <input checked="" type="checkbox"/> |
| STREET ADDRESS | 439 PRATHER DRIVE | |
| CITY-ST-ZIP | FORT MYERS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | EBNER, JOSEPH W. | |
| STREET ADDRESS | 2025 S.E. 44TH STREET | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | TILTON, ANDREW D. | |
| STREET ADDRESS | 18810 SERENOA CT. | |
| CITY-ST-ZIP | ALVA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GRANT, ARCHIE T JR | |
| STREET ADDRESS | 1302 MELALEUCA LANE | |
| CITY-ST-ZIP | FT MYERS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Steven K. Morrison | <input checked="" type="checkbox"/> |
| 1.3 STREET ADDRESS | 1231 Walden Drive | |
| 1.4 CITY-ST-ZIP | Fort Myers, FL 33901 | |
| 2.1 TITLE | CD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Forrest H. Banks | |
| 2.3 STREET ADDRESS | 1334 Jambalana Lane | |
| 2.4 CITY-ST-ZIP | Fort Myers, FL 33901 | |
| 3.1 TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | W. Britt Pomeroy, Jr. | |
| 3.3 STREET ADDRESS | 15900 Lake Candlewood Drive | |
| 3.4 CITY-ST-ZIP | Fort Myers, FL 33908 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: Steven K. Morrison 2/18/99 941/334-0046
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)