

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90011 016 ***158.75

0633967

DOCUMENT # 322710

1. Entity 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

00037150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1173834**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, STEVEN K
2158 JOHNSON ST
FT MYERS FL 33901

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME MORRISON, STEVEN K
 STREET ADDRESS 1231 WALDEN DR
 CITY-ST-ZIP FT MYERS FL 33901

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CD Delete
 NAME BANKS, FORREST H
 STREET ADDRESS 1334 JAMBALANA LN
 CITY-ST-ZIP FT MYERS FL 33901

TITLE STD Change Addition
 NAME BULL, GARY R
 STREET ADDRESS 2516 SW 51st ST
 CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VD Delete
 NAME ~~POMEROY, W-BRITT JR~~
 STREET ADDRESS 15900 LAKE CANDLEWOOD DR
 CITY-ST-ZIP FT MYERS FL 33908

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME EBNER, JOSEPH W.
 STREET ADDRESS 2025 S.E. 44TH STREET
 CITY-ST-ZIP CAPE CORAL FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME TILTON, ANDREW D.
 STREET ADDRESS 18810 SERENOA CT.
 CITY-ST-ZIP ALVA FL

TITLE VD Change Addition
 NAME TILTON, ANDREW D.
 STREET ADDRESS 18810 SERENOA CT
 CITY-ST-ZIP ALVA FL 33920

TITLE D Delete
 NAME GRANT, ARCHIE T JR
 STREET ADDRESS 1302 MELALEUCA LANE
 CITY-ST-ZIP FT MYERS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary R Bull*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. BULL

Secretary 3/19/01

Date

941/334-0046

Daytime Phone #

CR2E034 (10/00)