

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

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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **387236** (3)

1. Corporation Name
PHILJOHN, INC.

Principal Place of Business 60 W ROBINSON STREET P.O. BOX 3753 ORLANDO FL 32802	Mailing Address 60 W ROBINSON STREET P.O. BOX 3753 ORLANDO FL 32802-3753
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1971	3a. Date of Last Report 04/19/1996
21	Suite, Apt # etc.	26	Suite, Apt #, etc.	4. FEI Number 59-2496544	Applied For ☐ Not Applicable ☐
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HINSON, J.A.
60 W ROBINSON
ORLANDO FL 32801**

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

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	HINSON, J.A.	
STREET ADDRESS	60 W ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	☐ DELETE
NAME	BURNETT, H. L.	
STREET ADDRESS	60 W. ROBINSON ST.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	SIMON, R.A.	
STREET ADDRESS	60 W. ROBINSON ST	
CITY - ST - ZIP	ORLANDO FL	
TITLE	ASTD	☐ DELETE
NAME	FUREY, E. F., III	
STREET ADDRESS	60 WEST ROBINSON STREET	
CITY - ST - ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 do 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.

SIGNATURE:

J. A. HINSON

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 (407) 423-7819

Date

Daytime Phone #

0083861

CR2E034 (9/96)