FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90055 038 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCOL | MENI # 404318 | | | | | | |
|---|--|-----------------------------------|-----------------------------|-------------------|--|---------------------------|---------------|
| 1. Corporation | AND JOHNSON OF VERO | REACH, INC. | | | | | |
| LLLIOTT | AND COMMON OF TENO | | | | £ 100 kil 0:001 00 kil 01000 kil 01000 kil 01000 | | |
| | | | | | | | |
| Principal Place | of Business | Mailing Address | | - | | #1811 B1811 B1811 B | AND ALAM LAND |
| 1295 20TH AVE | | 1295 20TH AVE | ç | | | | |
| VERO BEACH FL 32960 VERO BEACH FL 32960 | | VERO BEACH FL 32960 | | | DO NOT WRITE IN THI | S SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 07/05/1972 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | - | | 4. FEI Number | Apr | plied For |
| 21 | | 26 | | | 59-1432090 | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | \$8.75 A Fee Re | |
| 22 | | 27 | | | | | <u></u> |
| City & State | | City & State | , | | | .5:00 \$ Added to | |
| Zip | Country | Zip | Country | - | 8. This corporation owes the current year li | | |
| 24 | 25 | 29 3 | , · | | Personal Property Tax. Paid | □Yes | No |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered | Agent | |
| | | | 81 | Name | | | |
| ELLIOTT,EDWARD W | | | 82 | Street Ad | Idress (P.O. Box Number is Not Acceptable) | | |
| 1295 20TH AVE | | | | | | | |
| VERO BEACH FL 32960 | | | 83 | | | | |
| İ | | | 84 | City | Fi | 85 Zip C | Code |
| | | 100 51 11 01 11 | 45 | | propration submits this statement for the purpose of | | registered |
| office or r | ogistored agent or both in the State (| of Florida. Such change was auti | horized by | the corpora | ation's board of directors. I hereby accept the appe | intment as req | gistered |
| agent. I a | m familiar with, and accept the obligat | ions of, Section 607.0505, Florid | la Statutes | • | | ٠., | . , |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | egistered Ager | nt signature requ | ured when reinstating) DATE | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | ELLIOTT,EDWARD W | | 1.2 NAME | | | | |
| STREET ADDRESS | 1295 20TH AVE | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | VERO BEACH FL | — DELETE | 1.4 CITY-S | T-ZIP | | ☐ Change | Addition |
| TITLE | VD | ☐ DELETÉ | 2.1 TITLE | Ì | | L Change | |
| NAME | ELLIOTT, D SCOTT | | 2.2 NAME 2.3 STREET ADDRESS | | | | |
| STREET ADDRESS | 12660 SHORELINE DR 1F | | 2.3 STREET ADDRESS | | • | | |
| _CITY-ST-ZIP | _W_PALM_BEACH_FL SD | ☐ DELETE | 3.1 TITLE | 1-41 | | Change - | Addition |
| NAME | JOHNSON,JOHNNY H | | 3.2 NAME | | | | |
| STREET ADDRESS | AAAE AATH ANT | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | VERO BEACH FL | | 3.4. CITY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | ļ |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | 1 |
| CITY-ST-ZIP | | <u>.</u> | 4.4 CITY-ST-ZIP | | | | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | - | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | T 4 DODE 00 | | | l |
| STREET ADDRESS | | | - | TADDRESS | | | 1 |
| CITY-ST-ZIP | | | 5.4 CITY-S 6.1 TITLE | 1-217 | | Change | Addition |
| TITLE | | | 6.2 NAME | | | | _ |

CITY-ST-ZIP 14. 1 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: 8