

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 16 11:14

DOCUMENT # **440058** (6)  
1. Corporation Name  
**TOM JOHNSTON'S, INCORPORATED**

Principal Place of Business	Mailing Address
P.O. BOX 1228 RT. 2, BOX 611 BUSHNELL FL 33513	P.O. BOX 1228 RT. 2, BOX 611 BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1973</b>	3a. Date of Last Report <b>07/05/1994</b>
4. FEI Number <b>59-1689763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent  
**JOHNSTON, THOMAS**  
**1/4 MI. SOUTH ON STATE ROAD 575 OFF HWY 48**  
**RT. 2, BOX 611**  
**BUSHNELL FL 33513**

10. Name and Address of New Registered Agent  
81 Name **L. Thomas Johnston**  
82 Street Address (P.O. Box Number is Not Acceptable) **8413 S.W. 30th Ave.**  
83  
84 City **Bushnell** State **FL** 85 Zip Code **33513**

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]* **Pres** DATE **6 12 95**  
Signature, typed or printed name of individual agent(s) (11) / applicable NOTE: Registered Agent signature required when registering DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>JOHNSTON, THOMAS</b>
STREET ADDRESS	<b>RT. 2, BOX 611</b>
CITY, ST, ZIP	<b>BUSHNELL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	<b>L. Thomas Johnston</b>		
1.3 STREET ADDRESS	<b>8413 S.W. 30th Ave</b>		
1.4 CITY, ST, ZIP	<b>Bushnell, FL - 33513</b>		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP			
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, or on an attachment with an address

SIGNATURE: *[Signature]* **Pres** DATE **6-12-95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Typed Name)