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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L39010

JOHNSON FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address								
239 US 301 BLVD E STE F 239 US 301 BL		% STEVEN E. JOI 239 US 301 BLVD BRADENTON FL 3	M BLVD E STE F			DO NOT WRITE IN THIS SPACE		
DIADERION		Olinoziii Oli Tz I	71200			3. Date Incorporated or Qualifed		
						12/22/1989		ļ
2 Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number	Ap	plied For .
	1, 200 of 200, 1000	26				65-0162947	No	t Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc				\$8.75 A	Additional
22	m, 010.	27				5. Certifcate of Status Desired	Fee Re	
City & State	<u> </u>	City & State				6. Election Campaign Financing	\$5.00	May Be
	•	28				Trust Fund Contribution	Added t	· · · · · · · · · · · · · · · · · · ·
23	Country	Zip		Country		8. This corporation owes the current ye	ar Intangible	
— <u> </u>	25	29	30			Personal Property Tax.		□No
24	9. Name and Address of Current					10. Name and Address of New Regist	ered Agent	
	J. Halle and Addition	, regional rigent		81	Name			
JOH	nson, steven e							
	US 301 BLVD E	•		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		:
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	DENTON FL 34208			"			14 - L. <u>L. 184</u>	
UV	DEINION I E GAEGO			84	City		FL 85 Zip C	Code
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11. Pursuant	egistered agent, or both, in the State of	and 607.1508, Flori of Florida, Such chap	da Statutes, th ce was author	ized by t	e-named corporation	oration submits this statement for the purpo	ise of changing its appointment as re	gistered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such chan	de was author	izeo by i	ine corporatio	oration submits this statement for the purpo on's board of directors. I hereby accept the	ise of changing its appointment as re	gistered
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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 any attachment with any other 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 any attachment with any other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED

Jan 23, 1999 8:00am

Secretary of State

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Change

Addition