## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **APPROVED** 

1997 OCT 20 PN 3: 13

|  | 1997   |   |   | SECRETARY OF STATE   |
|--|--|---|---|--|
| DOCUMENT # P9600002093 (8) 1. Corporation Name   |  |   |   | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |
| DEBOR  | AH F. JOHNSON AGENCY,  | INC.  |   | LIBORER HE IRUS AND SEAL SELL SELL SELL SELL SELL SELL SELL  |
|  |  |   |   |  |
| Principal Plac   | ce of Business   | Mailing Address   |   |  |
| 2106 W. BRAI   | NDON BLVD.   | 1707 HILLS AVE.   |   |  |
| BRANDON FL   | . 33511  | TAMPA FL 33606  |   | DO NOT WRITE IN THIS SPACE   |
|  |  |   |   | 3. Date Incorporated or Qualified 3s. Date of Last Report  |
|  |  | 1   |   | 01/08/1996   |
| 2. Principal P   | Place of Business  | 2a. Mailing Addres  | 1. 1.0                                      | 4. FEI Number Applied For  |
|  | le w. Brandon Bl   |   | 15 7TVE                                     | 59-334 454 / Not Applicable  |
| Suite, Apt.  | under PL 33511   | Suite, Apt. #, etc.   |   | 5. Certificate of Status Desired S8.75 Additional Fee Required   |
| City & Stat  |  | City & State  |   | 6. Election Campaign Financing \$5.00 May Be   |
|  | HNDON, FL 33511  | 28 IAMPa  | FL  | Trust Fund Contribution Added to Fees  |
| Zip  | Country  | Zip   | Country                                     | 8. This corporation owes or has paid the current year Intangible   |
| 24 27  | 9. Name and Address of Curren  |   | o USA                                       | Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent  |
| 101  | <del></del>  | r negistered Agent  | 81 Name                                     | 10. Name and Address of New Registered Agent   |
|  | HNSON, DEBORAH F   |   |   |  |
| 1707 HILLS AVE. TAMPA FL 33606   |  |   | Address (P.O. Box Number is Not Acceptable) |  |
| 174  |  |   | 83  |  |
|  |  |   | 84 City                                     | <b>■ 85</b> Zip Code   |
|  |  |   |   | FL   1   |
| 11. Pursuant to the povisions 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 family with and require the obligations of Section 607,0505, Florida Statutes. |  |   |   |  |
| agent. I am family in with land court the obligations of Section 807 //505, Florida Statutes.  |  |   |   |  |
| SIGNATURE  | - remium 3   |   | Registered Agent signature                  | 10-15-97   |
| 12.  | Signature, typed or printed name of registered age:  OFFICERS AND                |   | Hegistered Agent signature                  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  |  | DELETE  | 1.1 TITLE                                   | PR-esiDent Change Addition   |
| NAME   |  |   | 1.2 NAME                                    | Deborah F. JOHNSON   |
| STREET ADDRESS   | 1  |   | 1.3 STREET ADDRESS                          | 1707 W. Hills Ave  |
| CITY-ST-ZIP  |  |   | 1.4 CITY-ST-ZIP                             | TAMOR FL 33606   |
| TITLE  |  | ☐ DELETE  | 2.1 TITLE                                   | Change [_] Addition  |
| NAME   |  |   | 2.2 NAME                                    | 0.0  |
| STREET ADDRESS  <br>CITY-ST-ZIP  |  |   | 2.3 STREET ADDRESS 2. 4 City-St-Zip         | 2 (y) yp 1   |
| TITLE  |  | ☐ DELETE  | 3.1 TITLE                                   | Addition   |
| NAME &   |  | _   | 3 2 NAME                                    | REINSTATEMENT WATER  |
| STREET ADDRESS   |  |   | 3 3 STREET ADDRESS                          | A STATE OF A STATE OF A STATE OF THE STATE O |
| CITY-ST-ZP   |  |   | 3.4. CITY-ST-ZIP                            | <u> </u>   |
| TITLE 😉  | }  | ☐ DELETE  | 4.1 TITLE                                   | Change Addition  |
| NAME   |  |   | 4. 2 NAME                                   | ######################################   |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS                          | eooo2326908——9<br>-10/22/9701063020<br>*****750.00   |
| CITY-ST-ZIP<br>TITLE   |  | DELETE  | 4.4 CITY-ST-ZIP<br>5.1 TITLE                | Change Addition  |
| NAME   |  | Decert  | 5.2 NAME                                    | י וייין אוייין אייין   |
| STREET ADDRESS   |  |   | 5.3 STREET ADDRESS                          |  |
| CITY-ST-ZIP  |  |   | 5.4 CITY-ST-ZIP                             |  |
| TITLE  |  | ☐ DELETE  | 61 TITLE                                    | Change Addition  |
| NAME   |  |   | 6.2 NAME                                    |  |
| STREET ADDRESS   | { ( d ) .  |   | 6.3 STREET ADDRESS                          | }  |
| CITY-ST-ZIP  | by partify that the information supplied   | with this filling does not qualify:                               | 6.4 CITY-ST-ZIP                             | stad in Section 119 07/3Vi) Florida Statutos, Unrither contifu that the  |
| informatio   | on indicated on this annual report or sufficer or director of the corporation or | applemental annual report is true the receiver or trusteelempower | e and accurate and ed ta execute this r     | lated in Section 119.07(3)(i), Florida Statutes. I further certify that the that my signature shall have the same legal effect as if made under oath; that eport as required by Chapter 607, Florida Statutes; and that my name  |

appears in Block 12 or Block is if changed, or on an attachment with an address.

10-15-97 813-654-5300