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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002093 (8)

DEBORAH F. JOHNSON AGENCY, INC.

## FILED May 20 1998 8:00am Secretary of State



CRZE034

Principal Place of Business Mailing Address 2106 W. BRANDON BLVD. 1707 W. HILLS AVE BRANDON FL 33511 **TAMPA FL 33511** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Mailing Address 01/08/1996 2. Principal Place of Business 4. FEI Number Applied For Brandon Blvd Z 130 Not Applicable 59-3349547 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6, Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 200Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent John**so**n, Deborah F 1707 HILLS AVE. Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 33606 83 City 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 (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE JOHNSON, DEBORAH F 1.2 NAME NAME 1707 W. HILLS AVE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33606** 1.4 CITY - ST - 2(P DELETE Channe Addition TITLE 2.1 TITLE STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7IP DELETE Change Addition TITLE 4.1 TITLE Náme 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELE1E Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 insupplemental 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 13 if changed, or on all attachment with an ackiness.