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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 183576 (8)

1. Corporation Name
I. J. JOHNSON, INC.

Principal Place of Business
7780 LA NAIN DRIVE
P.O. BOX 10636
PENSACOLA FL 32514-8513

Mailing Address
P. O. BOX 10636
PENSACOLA FL 32524-0636
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/24/1955

3a. Date of Last Report
02/07/1996

4. FEI Number
59-0735582

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, IRVIN D.
3570 HWY 297A
CANTONMENT FL 32533

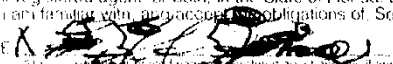
81. Name
JOHNSON, I.J.

82. Street Address (P.O. Box Number is Not Acceptable)
7780 LA NAIN DRIVE

83.

84. City Pensacola FL 85. Zip Code 32514

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  I.J. Johnson, Pres.

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COB
NAME JOHNSON, I.J.
STREET ADDRESS 7780 LA NAIN DRIVE
CITY-ST-ZIP PENSACOLA, FL 0

1.1 TITLE
1.2 NAME C/P/D
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME VANCE, J.E., SR.
STREET ADDRESS 7225 SPANISH TRAIL RD.
CITY-ST-ZIP PENSACOLA, FL 0

2.1 TITLE
2.2 NAME V
2.3 STREET ADDRESS WEAVER, JIMMY
2.4 CITY-ST-ZIP 205 N. 59TH AVE.
PENSACOLA, FL 32506

TITLE PSD
NAME JOHNSON, I.D.
STREET ADDRESS 3570 HIGHWAY 297A
CITY-ST-ZIP CANTONMENT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE STD
NAME JOHNSON, SUSAN B.
STREET ADDRESS 7780 LA NAIN DR
CITY-ST-ZIP PENSACOLA, FL 0

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE  I.J. Johnson
AND TYPE OR PRINTED NAME OF SIGNER President

2/14/97 Date

Daytime Phone #

0491474

CR2E034 (9/96)