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

**PROFIT** CORPORATION ANNUAL REPORT



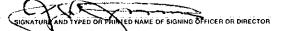
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 20010 Name NSON & JOHNSON, INC.	00	(6)				1 (4 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1)  <b>68</b>    <b>6</b>    <b>8</b>    <b>8</b>	<b>                                    </b>	<u> </u>	
Principal Place of Business Mailing Address U.S. 90 EAST P.O. BOX 157 U.S. 90 EAST P.O. BOX 157											
MADISON	FL 32340		MADISON FL 32340				3. Date Incorporated or Oualified 02/20/1957	3a. Date	of Last Re 02/01/19	995	
2. Principal Place of Business 2a. Mailing Address							4. FEI Number Ar		Applied For		
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.							5. Certificate of Status Desired	\$8.75 Additional		Additional	
22 27 27 City & State Cit			ity & State				6. Election Campaign Financing	\$5.00 May Be			
<b>23</b>	Country	28	Zip Country				Trust Fund Contribution  8. This corporation has liability for i	Added to Fees pr intangible tax under s 199.032,			
24	25 29			30 Florida Statutes  Yes  No							
	9. Name and Address of Curren	t Registe	red Agent	81	None		10. Name and Address of New R	egistered a	Agent		
JOHNSON,J K				82	Name	Addro	ess (P.O. Box Number is Not Acceptable)				
100 E. FRALEIGH DRIVE			83								
MADIS	SON FL 32340								T1 -		
				84 City s, the above-named corpor d by the corporation's boar				FL	85   Z <sub>1</sub> p	o Code	
familiar wit	th, and accept the obligations of, Sections Signature, typed or professional endings of the Section Signature.	ion 607.05	italik (NÖ ORS	18. Aug Seied Aug				DATE	DIHECTO	RS IN 12	
TITLE	PT	☐ DELETE	1. 1 TITLE					Change	Addition		
NAME	JOHNSON, J.K.			1.2 NAMÉ							
STREET ADDRESS	100 E. FRALEIGH DRIVE			1.3 STREET							
CITY - ST - ZIP TITLE	MADISON FL S		DELETE	1.4 CHY-5 2.1 THEF	ST - 21F	<del> </del>			Change	Addition	
NAME	JOHNSON, JACQUELINE P	•		2.2 NAME					_ cag.		
STREET ADORESS	100 E FRALEIGH DR MADISON FL				2.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	NIADISON FE		DELETE	2.4 CHY-5 3.1 T-TLE	1 · ZIF			T	Change		
NAME				3.2 NAME				_	•		
STREET ADDRESS				33 STREE	LADDRESS						
CHY-ST-ZIP				3.4 C-1Y-5	I - 7/F						
TIELE			DELETE	4 1 1014					Change	☐ Addit-on	
NAME				4.2 NAME							
STREEL ADDRESS				4.3 STREE	ADDRESS					1	
CITY-ST-7IP			ED DOLLAR	4.4.011 Y - 3	I - 7/F				7 Change	Addition	
TIFLE			DELETE	5 1 1016				L	] Change	Addition	
NAME REVEST ARRESTOR				5.2 NAME	no nemeral						
STREET ADDRESS				5.3 STREET 5.4 CP Y - 3							
CITY-ST-ZIP TITLE		~	DELETE	6 17/16		1			Change	☐ Addition	
NAME			_	6.2 NAME				•			
STREET ADDRESS				6.3 S1FEF	ADDRESS						
City-St-ZP				6.4 CHY-5	1 - ZIP	]					
14. I do hereb	by certify that the information supplied to the information indicated on this applied	with this fil	ing is voluntarily furn	shed and doe	s not qu	ial fy foi courate	the exemption stated in Section 119	.07(3)(k), Flo	rida Statut effect as if	es. 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 it made under oath; that I am an officer or difference of the corporation or the receiver or trustee repowered 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:



4|2|91 973-2277 District Property