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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 27, 1996 08:00 AM
Secretary of State

DOCUMENT # **266337** **(5)**

1. Corporation Name

JOHNSON TECH SUPPLY, INC.

Principal Place of Business

455 N ORCHARD ST
P.O.BOX 2653
ORMOND BEACH FL 32175

Mailing Address

455 N ORCHARD ST
P.O.BOX 2653
ORMOND BEACH FL 32175

3. Date Incorporated or Qualified: **01/21/1963**

3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business
21
Street Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-0997893** ☐ 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

9. Name and Address of Current Registered Agent

FISCHER, R H
264 NORTH BCH ST
ORMOND BCH, FL
32174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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 (Signature of New Registered Agent, if Appointed) (Must Be Typed or Printed) DATE

12. OFFICER(S) AND DIRECTOR(S)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, R H		1.2 NAME	
STREET ADDRESS	264 NORTH BCH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000		1.4 CITY-ST-ZIP	
2 TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISCHER, S H		2.2 NAME	
STREET ADDRESS	264 NORTH BCH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000		2.4 CITY-ST-ZIP	
3 TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
4 TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: R.H. Fischer (R H Fischer) 2/26/96 9046720690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)