FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **271366** **(7)**

1. Corporation Name

JOHNSON -CHARLES L- INCORPORATED

Principal Place of Business

2100 W BUFFALO AVE.
TAMPA FL 33607

Mailing Address

2100 W BUFFALO AVE.
TAMPA FL 33607

3. Date Incorporated or Qualified: **06/27/1963**

3a. Date of Last Report: **04/28/1995**

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

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

4. FEI Number: **59-1026537** 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. Tax Commissioner Liability for intangible tax under s. 199.042, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES L., SR
511 RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

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 607.0502, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLES L., SR		NAME	
STREET ADDRESS	511 RIVERHILLS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		CITY-ST-ZIP	
TITLE	V	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, CHARLES L., JR		NAME	
STREET ADDRESS	4643 GLENSIDE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	
TITLE	V	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, R DALE		NAME	
STREET ADDRESS	5705 AINSWORTH COURT		STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	
TITLE	S	☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, JANICE L		NAME	
STREET ADDRESS	511 RIVERHILLS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL		CITY-ST-ZIP	
TITLE		☐ DELETE	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ DELETE	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing, and any attached additional pages, is true and accurate and that my electronic 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 attached additional page.

SIGNATURE: Charles L. Johnson 4/16/96 813-875-2058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number