

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 # **344802** (4)
1. Corporation Name
W.G. JOHNSON & SON, INC.



Principal Place of Business: **2430 N.W. 73RD PL GAINESVILLE FL 32606-1214**
Mailing Address: **2430 N.W. 73RD PL GAINESVILLE FL 32653-1299 US**

3. Date Incorporated or Qualified: **04/18/1969** 3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-1258782** 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

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State, Apt. #, etc.: **22** State, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**JOHNSON, W G JR
2430 NW 73RD PL
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____
85 Zip Code: **FL 32653-1299**

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: *W.G. Johnson* (Signature of Registered Agent) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, W.G. JR.	
STREET ADDRESS	2430 NW 73RD PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, W. GLENN III	
STREET ADDRESS	2430 NW 73RD PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOROTHY N	
STREET ADDRESS	2430 NW 73RD PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do 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)(k), 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: *Dorothy N. Johnson* 1-18-96 1-352-376-6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Dorothy N. Johnson, Secty-Treas.

CR2E034 (12/95)