

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # 344802				Jan 31, 2008 08:00 A Secretary of State	
1. Entity 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		
2. Principal Place of Business - No P.O. Box # State, Apt., #, etc.			3. Mailing Address Suite, Apt., #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1258782 ☐ Applied For ☒ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, W G JR 2430 NW 73RD PL GAINESVILLE FL 32653			Name		
			Street Address (P O. Box Number is Not Acceptable)		
			City	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ (NOTE: Registered Agent signature required when removing agent.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, W.G. JR. 2430 NW 73RD PLACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000806370 02/06/08-80038-023 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, W. GLENN III 2430 NW 73RD PLACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOHNSON, DOROTHY N 2430 NW 73RD PLACE GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other info. empowered.					
SIGNATURE: <i>Dorothy N. Johnson</i>			<i>1-29-08 1-352-376-6219</i>		