

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 362367 (5)

1. Corporation Name
A.J. JOHNS, INC.



Principal Place of Business 3225 ANNISTON ROAD JACKSONVILLE FL 32216	Mailing Address 3225 ANNISTON ROAD JACKSONVILLE FL 32246-4605
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified 04/09/1970	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1289863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNS, A J
3225 ANNISTON RD
JACKSONVILLE FL 32216**

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

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: *A.J. Johns, Pres.* DATE: **1-7-97**

Signature type: 1. Director or officer of the corporation and fee: Not applicable. 2. Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHMITT, RYAN M.	
STREET ADDRESS	2230 SOUTH STREET	
CITY - ST - ZIP	NEPTUNE BEACH FL	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	JOHNS, A J	
STREET ADDRESS	13860 HILLDALE DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MAHAFFAY, KENNETH E	
STREET ADDRESS	4033 BESS RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WELLHAUSEN, ASHLEY C.	
STREET ADDRESS	7001 ALANA RD	
CITY - ST - ZIP	JACKSONVILLE 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

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHMITT, RYAN M.	
1.3 STREET ADDRESS	223D SOUTH STREET	
1.4 CITY - ST - ZIP	NEPTUNE BEACH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNS, MARK V.	
5.3 STREET ADDRESS	1041 W LAFFIN STREET	
5.4 CITY - ST - ZIP	JACKSONVILLE, FL 32211	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *A.J. Johns, Pres.* DATE: **1-7-97** DAYTIME PHONE: **9046412055**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)