

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90249 029 ***150.00

0020476

DOCUMENT # 362367

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

Principal Place of Business Mailing Address
3225 ANNISTON ROAD 3225 ANNISTON ROAD
JACKSONVILLE FL 32216-32246 JACKSONVILLE FL 32216-32246

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1289863** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JOHNS, A J
3225 ANNISTON RD
JACKSONVILLE FL 32216-32246

7. Name and Address of New Registered Agent

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.

SIGNATURE *A. J. Johns, Pres. A. J. Johns*
 Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-4-01
 DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **V**
SCHMITT, RYAN M.
 STREET ADDRESS **223D SOUTH STREET**
 CITY-ST-ZIP **NEPTUNE BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PSTD**
JOHNS, A J
 STREET ADDRESS **12608 MANDARIN RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
JOHNS, MARK V
 STREET ADDRESS **1041 W LAWFIN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **11670 Thornapple Dr.**
 CITY-ST-ZIP **Jacksonville FL 32223**

TITLE Delete
 NAME **D**
JOHNS, TERESA ANN
 STREET ADDRESS **3206 GREENHOLLY DR. W.**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *A. J. Johns, Pres. A. J. Johns*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01 **904-641-2055**
 Date Daytime Phone #

CR2E034 (10/00)