| | DOCUMENT # 371258 | INESS REPO | | FILED Sep 12, 2000 8:0 |)0 an |
|--|---|---|---|--|-------------------------------|
| OP-12-2000 90016 0.15 ***150.00 Principal Prace of Business Sign Addom counts NN TH PTRS R, 5500 IS Principal Prace of Business Do NoT WHITE AT THE S R, 5500 IS Principal Prace of Business DO NOT WHITE IN THIS SPACE DO NOT WHITE IN THIS SPACE City & State City | 1. Entity Name | | | Secretary of S | tate |
| Procept Place of Busines Case GLASCHO COURT NN USS CASE OF CASE OF CASE OF CASE US CASE OF CASE OF CASE OF CASE US CASE OF CASE OF CASE OF CASE OF CASE US CASE OF CASE OF CASE OF CASE OF CASE OF CASE CASE OF CASE OF CASE OF CASE OF CASE OF CASE CASE OF | J & S HOMES, INC | | .Z | | |
| Carbon Count IN Carbo | . • | ١ | } | | 20.00 |
| Suite. Apt. # etc. Down With the Market | 1335 GLASGOW COURT NW | 5335 GLASGOW CT NW FT MYERS FL 33903 | | 8 6102 386 | |
| City & State City & State 4. FEL Number 59-1306410 Applied Former 100 (and | 2. Principal Place of Business | 3. Mailing Address | | | |
| Zip Country Zip Country Zip Zip Country Zip Country 5. Certificate of Status Deviced \$9.75 Acatamating the Propulsed Image: Status Deviced Status Deviced Status Deviced \$9.75 Acatamating the Propulsed Image: Status Deviced Toth Acatamating Toth Acatamating Toth Acatamating JOHNSON, SAMUEL V JOHNSON, SAMUEL V JOHNSON, SAMUEL V Toth Acatamating JUNNSON, SAMUEL V JOHNSON, SAMUEL V JOHNSON, SAMUEL V Toth Acatamating JUNNSON, SAMUEL V JOHNSON, SAMUEL V JOHNSON, SAMUEL V Toth Acatamating JUNNSON, Samuel V JOHNSON, Samuel V JOHNSON, Samuel V JOHNSON, Samuel V JUNNSON, Samuel V Image: Status Deviced acatamating on the status | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | |
| S. Carring and Address of Current Registrered Agent S. Carring and Address of New Registrered Agent S. Carring and Address S. Car | City & State | City & State | | 3971303410 | Applied For Not Applicable |
| IDHA/SoNJ, S.Y. Name TOHA/SoNJ, S.Y. Name Street Address (FO. Box Number is Not Acceptable) FEMERS FL 33905 FL 442 gr.s., FL. City FL 21p Code Street Address (FO. Box Number is Not Acceptable) FL 21p Code Street Address (FO. Box Number is Not Acceptable) FL 21p Code Street Address (FO. Box Number is Not Acceptable) FL 21p Code Street Address (FO. Box Number is Not Acceptable) Street Address (FO. Box | Zip Country | Zip | Country | 5 Certificate of Status Desired | dditional |
| 1920 VIRGINA-NETVICE, #1501A #335_GLASCOVC Street Accrease (PC). Box Number is non-Acceptable) FLINERS FL33095 FF-LIVERS, FL33095 FF-LIVERS, FL33095 FF_LIVERS, FL33095 N. The above named entity submits this statement for the putper of changing its registered agent, or both, in the State of Florida. Street Accrease (PC). Box Number is statement for the putper of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature typed or intel new of registered agent of the integrited with the state of Florida. Intel Florida. SIGNATURE Signature typed or intel new of registered agent of the integrited with the state of Florida. Intel Florida. SIGNATURE Signature typed or intel new of registered agent of the integrited with the state of Florida. Intel Florida. SIGNATURE Signature typed or intel new of registered agent of the integrited with the state of Florida. Intel New Signature typed or intel new of registered agent or both, in the State of Florida. SIGNATURE Signature typed or intel new of registered agent or both, in the State of Florida. Signature typed or intel new of registered agent or both, in the State of Florida. SIGNATURE Intel New Signature typed or intel new of registered agent or the state of registered agent. or both, in the State of Florida. Signature typed or intel new of registered agent. or both, in the State of Florida. SIGNATURE Poletice New Signat | 6. Name and Address of Current | | Name | 7. Name and Address of New Registered Agent | |
| DBO VINGBIANTYPENDE, F153935 F15-Wents, F2- Wents, F2- Wents, F2- Strate Topological Adams of the public of th | JOHNSON, SAMUEL V | JOHNSON, S | S. Y. Street Addree | | |
| PLEASE NOTE App. Chy 35/923 Chy FL Zip Code A. The above named entity submits this statement for the pupple of changing its registered office or registered agent, or both, in the State of Florida. In the above named entity submits this statement for the pupple of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE State apple of prime inner of registered agent, and the # apple call. INOTE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE State apple of prime inner of registered agent, and the # apple call. INOTE Registered Agent signature registered agent, or both, in the State of Florida. SIGNATURE State apple of prime inner of registered agent, and the # apple call. INOTE Registered Agent signature registered agent, or both. Deffection Campaign Florida. SIGNATURE State apple of prime inner of registered agent, and the # apple call. Intel State apple of prime inner of registered agent, or both. Intel State apple of prime inner and registered agent, or both. Intel State apple of prime inner agent age | 1920 VIRGINIA-AVENUE, #1501A | 4335 GLAS64 | | | |
| A. The above named entity submits this statement for the purpled of changing its registered office or registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purpled of changing its registered agent, or both, in the State of Florida. A. The above named entity submits this statement for the purplet of particles. A. The above named entity submits this statement for the purplet of particles. A. The above named entity submits this statement for the purplet of particles. A. The above named entity submits this statement for the purplet of particles. A. The above named entity submits the registered agent of the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The above named entity submits the registered agent on the state of Florida. A. The state on the state of the registered agent on the state of florida. A. The state on the state of the state of | FI-MIENS FL-33905 | FT. Myens, F | L. | | |
| NONATURE Once Outer Registered Agent solution defined when relation() Outer By This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do to | FLEASE NOTE ADD | . Chg . 33 | 5903 City | FL Zip Co | ode |
| Signature, type (VOID: Engineer Aquer synature required with minimizing) Delte 9. This comportation is eligible to satisfy its Intangible Tax (thing requirement and elects to do so (See criteria on back) After SEPTEMBER 13, 2300 MIn, will be \$750.00 Make Check Payable to Department of State 10. Election Campaign Financing Tust Fund Contribution. \$5.00 May Be Activate Text Fund Tust Fund Contribution. Addition to Fees Activate Text Fund Tust Fund Contribution. \$5.00 May Be Activate Text Fund Tust Fund Contribution. Addition to Fees Activate Text Fund Tust Fund Contribution. Addition to Fees Activate Text Fund Tust Fund Contribution. Change I Addition Activate Text Fund Tust Fund Contribution. Change I Addition Activate Text Fund Tust Fund Contribution. Change I Addition Activate Text Fund Tust Fund Fund Tust Fund Tus | . The above named entity submits this statement fo | or the purpose of changing its | registered office or regis | tered agent, or both, in the State of Florida. | |
| Task filing requirement and elects to do so. (See criteria on Dack) After SEPTEMBER 13, 2000 Min, will be \$750.00 Make Check Payable to Department of State 10. Flection Lampagin Financing Trust Fund Contribution. Sb.UD May Be Addid to Fees 1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE P Intel Cherrores Addition State MAKE JOHNSON,SAMUEL V Detele Intel Change Addition MAKE JOHNSON,SAMUEL V Detele TITLE MAKE Change Addition MAKE JOHNSON, JERRY Intel Change Addition Change Addition MAKE JOHNSON, JERRY State Taboress Change Intel Change Addition MAKE JOHNSON, JERRY State Taboress Change Addition Change Addition MAKE JOHNSON, WILLIS Intel Addition MAKE State Taboress Change Addition MAKE JOHNSON, WILLIS Intel Addition MAKE State Taboress Change Addition MAKE JOHNSON, VILLIS Intel Addition MAKE Change | | and title if applicable. (NOTI | E: Registered Agent signature requ | red when reinstatung) DATE | |
| (See criteria on back) Make Check Payable to Department of State International of the control o | , , , | | • | SO OO I T | |
| P Delete TITLE InAME Ochange Additive MAKE JOHNSON,SAMUEL V I3350 PONEROSA WAY STREET ADDRESS Intelete | • | | | | ed to Fees |
| INVERT ADDRESS INVERT ADDRESS | | | | | |
| VP Delete TITLE Ochange Additive AWE JOHNSON, JERRY Additive STREET ADDRESS STREET ADDRESS Change Additive TITLE S Delete TITLE NAME Change Additive TREET ADDRESS JOHNSON, WILLIS Delete TITLE Additive Additive TREET ADDRESS JOHNSON, WILLIS TITLE NAME Additive Additive TREET ADDRESS TITLE ITTLE NAME Additive Additive TREET ADDRESS TITLE NAME STREET ADDRESS Additive TITLE JOHNSON, WILLIS NAME STREET ADDRESS Additive TITLE Delete TITLE Change Additive TREET ADDRESS STREET ADDRESS CITY-ST-ZIP Change Additive TITLE Delete TITLE Change Additive TREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additive TITLE Delete TITLE Change Additive TREET ADDRESS CITY-ST-ZIP <t< td=""><td>AAME JOHNSON, SAMUEL V STREET ADDRESS 13350 PONEROSA WAY</td><td>L Delete</td><td>NAME STREET ADDRESS</td><td></td><td></td></t<> | AAME JOHNSON, SAMUEL V STREET ADDRESS 13350 PONEROSA WAY | L Delete | NAME STREET ADDRESS | | |
| ITTLE Implementation | ITLE VP JAME JOHNSON, JERRY STREET ADDRESS 4335 GLASGOW CT NW | Delete | NAMÉ STREET ADDRESS | Change | Addition |
| Awake JOHNSON, WILLIS NAME STREET ADDRESS 4335 'GLASGOW CT NW STREET ADDRESS ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete ITTLE AWAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete TITLE AMAE STREET ADDRESS CITY - ST - ZIP ITTLE Delete TITLE AMAE STREET ADDRESS CITY - ST - ZIP ITTLE ITTLE ITTLE AMAE STREET ADDRESS CITY - ST - ZIP ITTLE ITTLE ITTLE < | | Delete | | Change | Addition |
| ITTLE Delete ITTLE Change Addition IMME STREET ADDRESS STREET ADDRESS CITV-ST-ZIP CITV-ST-ZIP ITTLE Delete ITTLE Change Addition ITTLE Delete TITLE Change Addition ITTLE ITTLE ITTLE | AAME JOHNSON, WILLIS STREET ADDRESS - 4335 GLASGOW CT NW | | NAME STREET ADDRESS | | |
| STREET ADDRESS STREET ADDRESS JITY- ST-ZIP Delete TITLE Delete TREET ADDRESS TITLE ITREET ADDRESS STREET ADDRESS GITY-ST-ZIP STREET ADDRESS GITY-ST-ZIP Change ITLE Delete TREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP 3. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 in chapter dive dow cells | ITLE | 🗖 Delete | TITLE | Change | e 🗋 Addition |
| AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TILE Delete TREET ADDRESS TITLE AME Intrest address ITHE AME Delete TITLE STREET ADDRESS ITTY-ST-ZIP Change AME NAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP Change AME NAME STREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 3. 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 in chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in chapter 607, Florida Statutes | TREET ADDRESS | | STREET ADDRESS | | |
| ITY-ST-ZiP CITY-ST-ZiP ITLE Delete ITILE ITILE IAME ITILE IRLET ADDRESS STREET ADDRESS ITY-ST-ZiP ITILE IAME STREET ADDRESS ITY-ST-ZIP ITITLE IAME ITITLE IAME STREET ADDRESS ITY-ST-ZIP ITITLE IAME STREET ADDRESS | | Delete | | Change | e 🗌 Addition |
| AME NAME TREET ADDRESS ITY- ST-ZIP 3. 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 in changed, or on an attachment with an address, with all other like empowered. | | | | | |
| 3. 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 is changed, or on an attachment with an address, with all other like empowered. | | 🗖 Delete | NAME | Change | e 🔲 Addition |
| | ME • | | | | |
| | AME IREET ADDRESS TY-ST-ZIP 3. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo | s true and accurate and that n owered to execute this report | r the exemption stated in ny signature shall have th as required by Chapter 6 | e same legal effect as if made under oath; that I am an office | er or director |



J. & S. HOMES. INC. 4335 GLASGOW COURT NW FT. MYERS, FL. 33903

SEPTEMBER 9, 2000

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

RE: FEI #59-1305410—DOCUMENT #371258

DEAR SIR,

IN SPOKE WITH JAN THIS MORNING REGARDING THE 2000 UNIFORM BUSINESS REPORT THAT ARRIVED IN OUR MAIL. I DID NOT UNDERSTAND THIS AT ALL BE-CAUSE NOT UNTIL NOW HAVE WE RECEIVED ANY KIND OF FORM.

SHE DIRECTED ME TO SEND THIS LETTER WITH OUR CHECK FOR \$150.00.

I HAVE HIGHLIGHTED OUR ADDRESS. SHE THOUGHT MAYBE THAT WAS THE PROBLEM-I HAVE SENT A COPY OF THE ENVELOPE COVER SHOWING THE WRONG AD-DRESS. I AM HOPING THAT THIS WILL CORRECT ALL PROBLEMS NEXT YEAR!

THANKING YOU, I AM,

Daie R. Johnson

GAIL K. JOHNSON J. & S. HOMES. INC.

ottachment 58 S71258 B01059BLO

