FILED
Jun 19, 2002 8:00 am
Secretary of State
05-27-2002 90451 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413779

1. Entity Name
JoHNson's HANDI MART INC

DO NOT WRITE IN THIS SPACE

[redacted]

93996

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HANDI MART	5510 Thomas DR
Suite, Apt. #, etc. 5510 Thomas DR	Suite, Apt. #, etc.
City & State: Panama CiTY, FL	City & State: Panama CiTY, FL
Zip: 32408 Country: BAY	Zip: 32408 Country: BAY

4. FEI Number: 59-1439526 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: H. DONALD JoHNSON

Street Address (P.O. Box Number is Not Acceptable): 5510 Thomas DR

City: PANAMA CITY **FL** Zip Code: 32408

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	JoHNSON H. DONALD	NAME	
STREET ADDRESS	5510 Thomas DR	STREET ADDRESS	
CITY-ST-ZIP	Panama CiTY, FL 32408	CITY-ST-ZIP	
TITLE	V-T-S	TITLE	
NAME	JoHNSON, WREN R.	NAME	
STREET ADDRESS	5510 Thomas DR	STREET ADDRESS	
CITY-ST-ZIP	Panama CiTY, FL 32408	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: H Donald Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-29-02

Daytime Phone #: 850-234-6165