2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 426157 1. Entity Name 01-16-2002 90062 016 ***150.00 JOHNSON & JOHNSON LANDS, INC. Principal Place of Business Mailing Address 2430 NW 73RD PLACE 2430 NW 73RD PLACE GAINESVILLE FL 32606 GAINESVILLE FL 32653-1299 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1462374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, W.G., JR. Street Address (P.O. Box Number is Not Acceptable) 2430 NW 73RD PLACE GAINESVILLE FL 32653 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE **PRES** □ Delete TITLE Change Addition NAME W.G. JOHNSON, JR. NAME STREET ADDRESS 2430 N.W. 73RD PLACE (MALL) STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition **VPRE** NAME W. GLENN JOHNSON, III NAME STREET ADDRESS 2430 NW 73RD PLACE (MALL) STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP GAINESVILLE FL TITLE ☐ Delete TITLE Change ☐ Addition ST NAME DOROTHY N. JOHNSON NAME STREET ADDRESS STREET ADDRESS 2430 NW 73RD PLACE (MALL) CITY-ST-7IP CITY-ST-ZIP GAINESVILLE FL TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered 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 attachnien wig an act

W.G.Johnson, Vr. REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-9-2002

1-352-376-6219

FILED