APPROVED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION 97 JUL 30 AM 8: 27 Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 456832 (5)MARCUS JOHNSTON, INC. Principal Place of Business Mailing Address 7210 PARKER SCHOOL ROAD 7210 PARKER SCHOOL ROAD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 07/15/1974 07/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1717413 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3]		28						ibution		Added	l to Fees	1
Zip	Country Zip			Country			corporation	owes or has	paid the clyri	ent year ir	ntangible	7
4							sonal Propert				□No	
	g. Name and Address of Current R	egistered Agent		L.,		10, Nar	ne and Addr	ess of New I	Registered /	\gent		_
	HNSTON, MARCUS			81	Name							
7210 PARKER SCHOOL ROAD				82	Street Addre	ess (P.O. F	3ox Number i	s Not Accent	able)			\dashv
JACKSONVILLE FL							JON / 10.11.00 / /	о / тос / тосор т				
				83								
				84	City					ec Zin	Code	
				•	Oily				FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of	nd 607.1508, Florida Statut	es, the a	bove	-named corpo	oration sub	bmits this stat	lement for the	purpose of	changing	its registered	П
orrice or r agent. I a	registered agent, or both, in the State of Im familiar with, and accept the obligatio	ns of, Section 607.0505, Flo	autnorize orida Stat	d by utes.	the corporation	on's board	d of directors.	I hereby acc	ept the app	ointment a	s registered	
SIGNATURE		,										
SIGNATORE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E.: Hogislere	d Agen	t signature require				DATE			
12.	OFFICERS AND D		13.			ADDI	TIONS/CHAN	IGES TO OFF	ICERS AND	DIRECTO	RS IN 12	ె౭
TITLE	PD IOUNGTON MAROUS	☐ DELETE	1.1 Ti	TLE						Change	Addition	4/97
NAME	JOHNSTON, MARCUS		1.2 N/	ME								
STREET ADDRESS	7210 PARKER SCHOOL ROAD		1.3 \$1	REETA	ADDRESS							밁쯦
CITY-ST-ZIP	JACKSONVILLE FL 32211		1.4 CI	1Y-S1	- ZIP							CR2E034
TITLE	VO	☐ DELETE	2.1 TO	TLE	}		600	2000	256	₽ 9 (B)	-023	70
NAME	JOHNSTON ADELVA B		2.2 N	ME				-08/04	1/970	1110	-023	-
STREET ADDRESS	7210 PARKER SCHOOL ROAD			REET A	ADDRESS			咪咪咪咪.]	65.00	*****	65.00	-
CITY-ST-ZIP	JACKSONVILLE FL 32211			ITY-S1	1 - ZIP							-
TITLE		DELETE	3.1 TI	TLE						Change	Addition	1
NAME	JOHNSTON ADELVA B.		3.2 N/	ME								
STREET ADDRESS	7210 PARKER SCHOOL ROAD			REET A	ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32211		3 4. C	ITY-ST	r- ZIP							
TALE		DELETE	4 1 TI	ILE						☐ Change	Addition	7
NAME			4. 2 N	AME								-
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NAME			5.2 NA	ME								
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CITY-ST-ZIP			5.4 CI	TY-\$1	-ZIP	Ma	1)					
TITLE		☐ DELETE	6.1 Tr	LE	1	310	1		•	Change	Addition	٦
NAME	- <u>1</u> 1		6.2 NA	ME	•	1.						
STREET ADORESS	<i>.</i>		6.3 ST	REET A	DORESS							
CITY-ST-ZIP	<u> </u>		6.4 CI									
14. I do herel	by certify that the information supplied w	ith this filing does not qualit	u for the	avan	nation stated	in Section	119.07(3)(i),	Florida Statu	tes. I further	certify that	t the	1
intormatio	n indicated on this annual report or supp	piemental annual report is to receiver or trustee empow	rue and a rered to e	ICCUI	ate and that r	my signatu as require	ure shall have	the same leg	gal effect as	if made un	nder oath; the	at

appears in Block 12 or Block 13 if changed, or on an attachment with an address.