

1- 20 -98 B-0241 -C

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **496000** (1)  
1. Corporation Name  
**HARVEY W. JOHNSON, INC.**

Principal Place of Business  
**1939 SHERWOOD ST  
CLEARWATER FL 34625-1932**

Mailing Address  
**1939 SHERWOOD ST  
CLEARWATER FL 34625-1932**

FILED  
Jan 20 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

21 **1916A Calumet St**

Suite, Apt. #, etc.

22

City &amp; State

23 **Clearwater FL**

Zip

24 **33765**

Country

25 **Pinellas**

## 2a. Mailing Address

26 **1916A Calumet St.**

Suite, Apt. #, etc.

27

City &amp; State

28 **Clearwater FL**

Zip

29 **33765**

Country

30 **Pinellas**

## 3. Date Incorporated or Qualified

**02/04/1976**

## 4. FEI Number

**59-1644255**

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution
☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.
☒ Yes

☐ No

## 9. Name and Address of Current Registered Agent

**JOHNSON, JACK W  
478 HARBOR DR S  
INDIAN ROCKS BCH FL**

## 10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

## SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P  
JOHNSON, JACK W  
STREET ADDRESS  
478 HARBOR DR S  
CITY-ST-ZIP  
INDIAN ROCK BCH FL**

TITLE ☐ DELETE

NAME **ST  
CLARK, CHRIS S  
STREET ADDRESS  
1801 2ND ST  
CITY-ST-ZIP  
INDIAN ROCK BCH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)