FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **519689** **(4)**

1. Corporation Name

JOHNSON, GREEN & LOCKLIN, P.A.

Principal Place of Business	Mailing Address
6850 HWY 90 P. O. BOX 605 MILTON FL 32570 US	6850 HWY 90 P. O. BOX 605 MILTON FL 32570 US

3. Date Incorporated or Qualified: **12/06/1976**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 6850 Caroline St.
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 6850 Caroline St.
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-1706062** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LOCKLIN, JACK JR.
800 CAROLINE ST., S.E.
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 685 Caroline St.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	JOHNSON, T SOL	1.2 NAME	
STREET ADDRESS	800 CAROLINE ST S E	1.3 STREET ADDRESS	6850 Caroline St.
CITY-ST-ZIP	MILTON, FL 00000	1.4 CITY-ST-ZIP	32570
TITLE	V ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	GREEN, PAUL R	2.2 NAME	
STREET ADDRESS	800 CAROLINE ST S E	2.3 STREET ADDRESS	6850 Caroline St.
CITY-ST-ZIP	MILTON, FL 00000	2.4 CITY-ST-ZIP	32570
TITLE	ST ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	LOCKLIN, JACK, JR.	3.2 NAME	
STREET ADDRESS	800 CAROLINE ST S E	3.3 STREET ADDRESS	6850 Caroline St.
CITY-ST-ZIP	MILTON, FL 00000	3.4 CITY-ST-ZIP	32570
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #