

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 # 526730 (7)
1. Corporation Name
BOB JOHNSON MASONRY, INC.



Principal Place of Business: **3030 FERNWOOD DRIVE BOYNTON BEACH FL 33435**
Mailing Address: **3030 FERNWOOD DRIVE BOYNTON BEACH FL 33435**

3. Date incorporated or Qualified: **02/28/1977** 3a. Date of Last Report: **04/13/1995**
4. FEI Number: **59-1707109** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29
Suite, Apt. #, etc.:
City & State:
Zip: Country:

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, ROBERT
3030 FERNWOOD DRIVE
BOYNTON BEACH FL 33435**

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: _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: JOHNSON, ROBERT	
STREET ADDRESS: 3030 FERNWOOD DRIVE	
CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE: S	<input type="checkbox"/> DELETE
NAME: JOHNSON, ARLENE	
STREET ADDRESS: 3030 FERNWOOD DRIVE	
CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: JOHNSON, ARLENE	
STREET ADDRESS: 3030 FERNWOOD DRIVE	
CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SCHWERIN, GEORGENE	
STREET ADDRESS: 113 S.E. 31ST AVE.	
CITY-ST-ZIP: BOYNTON BEACH FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

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: Robert Johnson **Robert Johnson** 4/16/96 407.937.2205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)