FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

527750 **DOCUMENT #**

(4)

THE M	MASTER JOHN, INC.			 	
Principal Place of Business Mailing Address SUSAN C. DAWSON 3350 BAYOU DRIVE PENSACOLA FL 32505 Mailing Address SUSAN C. DAWSON 3350 BAYOU DRIVE PENSACOLA FL 32505 PENSACOLA FL 32505					
				3. Date Incorporated or Qualified 03/15/1977	3a. Date of Last Report 03/02/1995
2. Principal Place of Business 21 3201 Tallship Ln. 26 3201 Ta			ship hn	4. FEt Number 59-1729486	Applied For Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Phy	1 . /	28 Pensanda	FI.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 305c	25 ESCENDIC		Country ESCAMbi	8. This corporation has liability for Florida Statutes	r intangible tax under s 199.032, s 🔲 No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New	Registered Agent
DAWCO	AL CHOAN C		81 Name		
DAWSON, SUSAN C. 3350 BAYOU DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32505			83		
1 2110/10	SOEKTE GEGOO				
			84 City		El 85 Zip Code
familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	and 607.1508, Florida Statutes, tl da. Such change was authorized b ion 607.0505, Florida Statutes.	ne above named corp y the corporation's bo	oration submits this statement for the part of directors. I hereby accept the applicant of directors are statement for the part of directors.	prose of changing its registered office cointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstation)	DATE
12.	OFFICERS AN		13.		FICERS AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1. 1 TITLE		Change
NAME	DAWSON, SUSAN		1.2 NAME		
STREET ADDRESS	3350 BAYOU DRIVE		1.3 STREET ADDRESS	3201 Tallship kn	· [
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-S1-ZIP	3201 Tallship Ln Jensacola, Fl. 325	<u>a4</u>
TITLE	PD DAWOON L.T.	. DELETE	2 1 TITLE	,	Change
NAME Student appears	DAWSON, J. T. 3350 BAYOU DRIVE		22 NAME	DOL TANAL I	
STREET ADDRESS	PENSACOLA FL		23 STREET ADDRESS	3201 Tallship Li	
CITY-ST-ZIP TITLE	PENSAUGA PE	☐ DELETE	24 CITY-ST-ZIP + 3 1 TITLE	Persacola, Fl 325	3φ
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 City-St-ZiP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-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		The eve	54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied	with this filing is valuatorily funished	64 CITY-ST-ZIP	for the second s	07/0/41 5

rac nereby 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 composition 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 changes, or on an attachment with an address.

SIGNATURE:

Susan Dawson 4-24-96 964-453-2647