SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

1. Corporation Name (5)			SLORCING Y OF STATE	
GLEN JOHNSON INC.			)	ON BURN ORDN ONBEL DIDIE BURN 1001
Principal Place of Business	Maling Address			
46000 DELOUED DO LD			5000	01948015
12600 BELCHER ROAD SUITE 102-J	12600 BLECHER ROAD SUITE 102-J		-09/16/9	01948015 601049015
LARGO FL 34643	LARGO FL 34643		3. Date Incorporated or Qualified	- 00 - ****375 00
U\$	US		09/08/1977	05/01/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1766600	Not Applicable
Suite, Apt #, etc	Surte, Apt. #, etc		5. Certificate of Status Desireo	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	
23	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cauntry	Zip	Country	8. This corporation has liability for inta	
25	29	30	Florida Statutes Y	es No
9. Name and Address of Curr	rent Registered Agent	81 Name	10. Name and Address of New Regist	tered Agent
JOHNSO <u>N</u> GLEN R.		Name		
12600 RETSHER ROAD		82 Street Add	ress (PS Box Number is Not Acceptable)	ما
SUITE 102-J		83	C DECKES KUU	<i>A</i>
LARGO FL 34635		Su	ye 102-5	
		84 814	s Con	FL 85 33773
11. Pursuant to the provisions of Sections 607.0	502 and 607,1508, Florida Statute	es, the above-named corp	poration submits this statement for the purpo	on of observing its registered
office or registered agent, or both, in the Sta agent. I am familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607 0505, Flo	uthorized by the corporativida Statutes	ion's board of directors. I hereby accept the	appointment as registered
SIGNATURE				
Signature, typod or printed name of regularing		<ol> <li>Begistered Agent's goature requ</li> </ol>		TATE
12. OFFICERS A	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICER	
NAME JOHNSON, GLEN	CLLIC	1.2 NAME	Dohana Mlea &	Change Addition
STREET ADDRESS 8005 BAROMOOR PL. #20	vn	1.3 STREET ADDRESS	Johnson Hen &	-,
CITY-ST-ZIP LARGO FL 34647	,,	14 CITY - ST - ZIP	ardian Rocks, If	337785
TITLE	DELETE	2.1 TiTLE		Change Addition
NAME		2 2 NAME		<del></del>
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CHTY - ST - ZIP		
THILE	DELETE:	3 1 TifeE		Change Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4 C(TY - ST - Z)P		Change Add
NAME	DCC.C1C	4 1 TITLE 4 2 NAME		Change Addition
STREET ADDRESS		4 2 NAME 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	<del></del>	5 4 City - ST - Zif		
	DELETE	6 1 THTLE	\ \h a \ 2	Change Addition
	_			
NAME	_	6 2 NAME	VALANO	
NAME STREET ADDRESS		6.3 STREET ADDRESS	Palaties	
NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplies	hed with this filing is valuated by 6.	6.3 STREET ADDRESS 6.4 CITY - ST- ZIP	Ph Lalle	Manual Elector
NAME Street address	On this annual report or suppleme	63 STREET ADDRESS 64 City-St-ZiP mished and does not qua	and accurate and that my evanature chall ha	up the same legal offect on if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytole Phone k

Date

APPROVE: AND FILED

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