

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90293 032 ***150.00

DOCUMENT # 560052

1. Entity Name
JOHNS & CONNER, INC.

Principal Place of Business

**RT 4, BOX 7675
 HILLIARD FL 32046
 US**

Mailing Address

**RT 4, BOX 7675
 HILLIARD FL 32046
 US**

2. Principal Place of Business

15924 CR 108

3. Mailing Address

PO Box 1319

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hilliard, FL

City & State

Hilliard FL

Zip

32046

Country

USA

Zip

32046

Country

USA

4. FEI Number

59-1800136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BRANT, WILLIAM P.
 121 W FORSYTH ST.
 JACKSONVILLE FL 32201**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CONNER, DONALD B**
 STREET ADDRESS **RT 4 BOX 7665**
 CITY-ST-ZIP **HILLIARD FL 32046**

TITLE **PD** ☐ Delete
 NAME **JOHNS, CHARLES E**
 STREET ADDRESS **RT 4 BOX 7675**
 CITY-ST-ZIP **HILLIARD FL 32046**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **231396 Corner Cut Off Road**
 CITY-ST-ZIP **Hilliard, FL 32046**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **28244 Pond View Circle**
 CITY-ST-ZIP **Hilliard, FL 32046**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles E. Johns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

904-845-4130

Daytime Phone #

CR2E034 (9/01)