## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

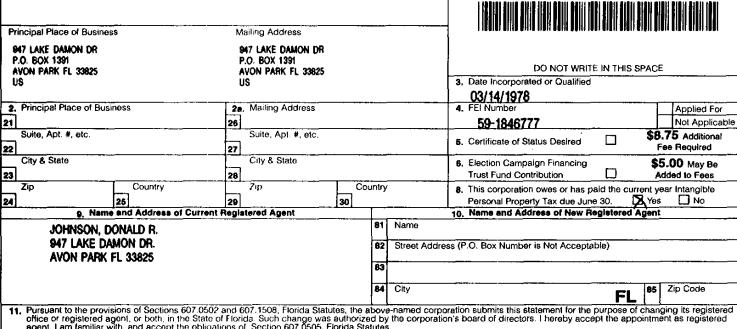
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 562007

(5)

DONALD R. JOHNSON, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



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	Signature, typed or printed name of regislated agent and till	e il applicable (NOT)	Registered Agent signature reguli	red when reinstating)	ATE	
12.	OFFICERS AND DIRECTORS				OFFICERS AND DIRECTORS IN 12	
TITLE	PO	DELETE	1.1 TITLE		Change	Addition
NAME	JOHNSON,DONALD R		1.2 NAME			
STREET ADDRESS	947 LAKE DAMON DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP			
TITLE	STD	DELETE	2.1 TITLE		Change	Additio
NAME	JOHNSON,BARBARA A		2.2 NAME			
STREET ADDRESS	947 LAKE DAMON DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	•••	•	
TITLE		☐ DELETE	3.1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE	mi	DELETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CRY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
OFF TO VID			QIT-12-VIO NA			

14. 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 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:**