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

0069358

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90209 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **577356**

1. Corporation Name
C. JOHNSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1407 GOOLAGONG COURT WINTER SPRINGS FL 32708 US	1407 GOOLAGONG COURT WINTER SPRINGS FL 32708 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/28/1978

2. Principal Place of Business	2a. Mailing Address
21 78 Sweetbriar Br.	26 78 Sweetbriar Br
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood FL	City & State 28 Longwood FL
Zip 24 32750 Country 25 Sem	Zip 29 32750 Country 30 Sem

4. FEI Number: 59-1853880 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, CLARENCE 1407 GOOLAGONG CT. WINTER SPRINGS FL 32708	81 Name: Johnson Clarence B. 82 Street Address (P.O. Box Number is Not Acceptable): 78 Sweetbriar Branch 83 84 City: Longwood FL 85 Zip Code: 32750

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: Clarence B. Johnson DATE: 4-20-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	JOHNSON, CLARENCE B.		1.2 NAME	Johnson, Clarence B.	
STREET ADDRESS	1407 GOOLAGONG CT.		1.3 STREET ADDRESS	78 Sweetbriar Br.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		1.4 CITY-ST-ZIP	Longwood FL 32750	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
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-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			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Clarence B. Johnson 4-20-99 407 261-0897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #