

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 587783 (2) 1. Corporation Name JOHNSON & FARNSWORTH, P.A., CERTIFIED PUBLIC ACCOUNTANTS					
Principal Place of Business 690 E DAVIDSON ST PO BOX 28 BARTOW FL 33830			Mailing Address 690 E DAVIDSON ST PO BOX 28 BARTOW FL 33830-4051		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/27/1978	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 01/31/1996	
City & State 23		City & State 28		4. FEI Number 59-1846293	
Zip 24		Country 25		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent JOHNSON, RICHARD E. 690 E. DAVIDSON ST. BARTOW FL 33830			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
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 registered agent and title if applicable (NOTE: Registered Agent Signature required when remaining) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME JOHNSON, RICHARD E. CPA STREET ADDRESS 690 E. DAVIDSON ST. CITY- ST- ZIP BARTOW FL			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		
TITLE V NAME FARNSWORTH, JAMES L. STREET ADDRESS 690 E. DAVIDSON ST. CITY- ST- ZIP BARTOW FL			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. JOHNSON 4/29/97 941-533-4141

Date

Signature Phone #

0309436

CR2E034 (9/96)