CORF ANNU	NOW: FILING FEE PORATION AL REPORT	FLORIDA DEPAR Sandra R	ITMENT OF STATE Morthani ry of State			
	MENT # 58780	0 (4)	, V			
JOHNS	SON AND MACLEAN, INC.					
rincipal Place	of Business	Mailing Address			i Ania Albar Aidas Athai Ainia	#1#11 #1BIF 1881
	H AVENUE, SUITE #100	412 N.E. 16TH AVENUE PO BOX 13244	. SUITE #100			
PO BOX 132 GAINESVILLE		GAINESVILLE FL 32604		3. Date incorporated or Qualified 09/25/1978	3a. Date of Last Re 05/01/199	•
. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	þ	opplied For
Suite, Apt. #	t. etc	Suite, Apt. #, etc.		59-1856130	· · · · · · · · · · · · · · · · · · ·	lot Applicable Additional
		27		5. Certificate of Status Desired		Required
City & State		Orty & State		 Election Campaign Financing Trust Fund Contribution 	1 1	May Be I to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		199.032,
<u> </u>	9 Name and Address of Curren	29 It Registered Agent	30	Fiorida Statutes Yes 10. Name and Address of New R	INO legistered Agent	
			81 Name			
JOHNS	ON, DONALD R.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	. 16TH AVE.		83			
GAINES	WILLE, FL. K 32601					
CANALO.	•				las I 7	Carlo
		1007 4500 Flacia Cohen	84 City	values cultivate this elektropart for the pure	FL vose of changing its re	Code
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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 12 or Block 12 or on an attachment with an address.

SIGNATURE:

| Signature and type or Printed Name of Signing Officer on Director
| Date | D