

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 619638 (0)

1. Corporation Name

S.W. JOHNSON CONSTRUCTION, INC.



Principal Place of Business

2477 STICKNEY POINT ROAD STE 221B
SARASOTA FL 34231-4022

Mailing Address

2477 STICKNEY POINT ROAD STE 221B
SARASOTA FL 34231-4022

2. Principal Place of Business

21 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

22 City & State

23 Nokomis, FL

24 Zip 34275

Country

2a. Mailing Address

26 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

27 City & State

28 Nokomis, FL

29 Zip 34275

Country

3. Date Incorporated or Qualified

04/24/1979

3a. Date of Last Report

02/08/1995

4. FEI Number

59-1937913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, SHERELL W JR
2477 STICKNEY PT RD STE 221B
SARASOTA FL 33581

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

Sherell W. Johnson, Jr.

Sherell W. Johnson, Jr., Pres.

4/30/96

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, SHERELL W, JR
STREET ADDRESS 2477 STICKNEY PT RD 221B
CITY-ST-ZIP SARASOTA, FL ☐ DELETE

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 2029 Calusa Lakes Blvd.
14 CITY-ST-ZIP Nokomis, FL 34275

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Sherell W. Johnson, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherell W. Johnson, Jr. 4/30/96 941-488-6004

Date

Daytime Phone

CR2E034 (12/95)