FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 19 AM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689359 (8)

1. Corporation Name
KARL L. JOHNSON P.A.

Principal Place of Business	Mailing Address
2915 COLONIAL BLVD #200 P O BOX 729 FORT MYERS FL 33902	2915 COLONIAL BLVD #200 P O BOX 729 FORT MYERS FL 33902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 1375 JACKSON STREET	26 1375 JACKSON ST. Suite 303
Suite, Apt. #, etc. 22 Suite 303	Suite, Apt. #, etc. 27 P.O. BOX 729
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL
Zip / Country 24 33901 / 25 USA	Zip / Country 29 33902 / 30 USA

4. FEI Number: 59-2033689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, KARL L. 2915 COLONIAL BLVD #200 FT. MYERS FL 33912	81 Name: KARL L. JOHNSON 82 Street Address (P.O. Box Number is Not Acceptable): 1375 JACKSON STREET SUITE 303 83 84 City: FORT MYERS FL 85 Zip Code: 33901

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: KARL L. JOHNSON Karl L. Johnson 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: For a Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PDTS	☒ Change ☐ Addition
NAME	JOHNSON, KARL L	1.2 NAME	JOHNSON, KARL L	
STREET ADDRESS	2915 COLONIAL BLVD #200	1.3 STREET ADDRESS	1375 JACKSON ST. SUITE 303	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	DTS	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, KARL L	2.2 NAME		
STREET ADDRESS	2915 COLONIAL BLVD #200	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Karl L. Johnson KARL L. JOHNSON PRESIDENT 4/14/95 813-334-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0332700 CP