SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 7-6-95 B- 76469-

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

APPROVED AND FILED

95 JUL -6 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691236 (4)

1. Corporation Name

JOHNSON ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
73 VILLAGE WALK LN PONTE VEDRA FL 32082 US	73 VILLAGE WALK LN PONTE VEDRA FL 32082 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1981
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2102916
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

8. This corporation now qualifies for exemption from taxation under s. 196.012(6), Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALKER, JAMES V. 4655 SALISBURY RD STE 390 JACKSONVILLE FL 32256	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 (typed or printed name of registered agent and title if applicable) (Typed or printed name of registered agent, if changed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	PD	51 Title	☐ Change ☐ Addition
Name	JOHNSON, GLENN E	52 Name	
Street Address	73 VILLAGE WALK LN	53 Street Address	
City-St-Zip	PONTE VEDRA FL	54 City-St-Zip	
Title		21 Title	☐ Change ☐ Addition
Name		22 Name	
Street Address		23 Street Address	
City-St-Zip		24 City-St-Zip	
Title		31 Title	☐ Change ☐ Addition
Name		32 Name	
Street Address		33 Street Address	
City-St-Zip		34 City-St-Zip	
Title		41 Title	☐ Change ☐ Addition
Name		42 Name	
Street Address		43 Street Address	
City-St-Zip		44 City-St-Zip	
Title		51 Title	☐ Change ☐ Addition
Name		52 Name	
Street Address		53 Street Address	
City-St-Zip		54 City-St-Zip	
Title		61 Title	☐ Change ☐ Addition
Name		62 Name	
Street Address		63 Street Address	
City-St-Zip		64 City-St-Zip	

CR2E034 (3/95)

14. (Required) I hereby certify that the information supplied with this filing is accurate 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 above, or on an attachment with an address.

SIGNATURE: Glenn E. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95 (Date) 904-285-0455 (Daytime Phone)

0123107 FP