

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90026 031 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F01000001952
<b>1. Entity Name</b>
JOHNSON ARCHITECTURE, INC.

44040020

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 215 CENTER PARK DRIVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 215 CENTER PARK DR Suite, Apt. #, etc. SUITE 800	
<b>City &amp; State</b> KNOXVILLE, TN		<b>City &amp; State</b> KNOXVILLE, TN	
<b>Zip</b> 37922	<b>Country</b> USA	<b>Zip</b> 37922	<b>Country</b> USA

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 62-1555026	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
	<b>City</b> FL	<b>Zip Code</b>

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

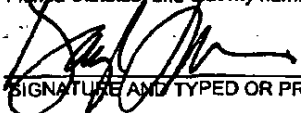
Make Check Payable to Florida Department of State

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

<b>10. OFFICERS AND DIRECTORS</b>				<b>11.</b>	
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
	PRESIDENT				
	DARYL R. JOHNSON	1910 RUDDER LANE	KNOXVILLE, TN 37919		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
	TREASURER				
	LYNN A. JOHNSON	1910 RUDDER LANE	KNOXVILLE, TN 37919		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
	SECRETARY				
	THOMAS C. HAEUPTLE	1108 BLUFF VIEW DR	KNOXVILLE, TN 37919		
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>
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<b>TITLE</b>	<b>NAME</b>	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b>	<b>NAME</b>

**12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

 **DARYL R. JOHNSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/04**  
Date

**865-671-9060**  
Daytime Phone #