

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F13624** (4)

1. Corporation Name
JOHNSON & WHITE, INC.



Principal Place of Business: HWY 540, PO BOX 188, WAVERLY FL 33877
Mailing Address: HWY 540, PO BOX 188, WAVERLY FL 33877

3. Date Incorporated or Qualified: **12/31/1980**
3a. Date of Last Report: **04/11/1995**
4. FIC Number: **59-2069875**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: **MARTIN, JOE T, 416 SOUTH FIRST ST, LAKE WALES FL 33853**
10. Name and Address of New Registered Agent (81-85)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, ELIZABETH A	2. NAME	
STREET ADDRESS	331 TOWNSEND AVENUE	3. STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 33853	4. CITY-ST-ZIP	
TITLE	PD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWIN E	6. NAME	
STREET ADDRESS	7415 HWY. 540	7. STREET ADDRESS	
CITY-ST-ZIP	WAVERLY, FL 33877	8. CITY-ST-ZIP	
TITLE	TD	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MAE	10. NAME	
STREET ADDRESS	7415 HWY. 540	11. STREET ADDRESS	
CITY-ST-ZIP	WAVERLY, FL 33877	12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-ST-ZIP		24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied in 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 supplementary 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 resident 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: *Elizabeth A. White, P.D.* 3-26-96 941-676-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)