

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90003 009 ***150.00

0060048

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F13624 ✓
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/31/1980	
4. FEI Number 59-2069875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, ELIZABETH A	
STREET ADDRESS	331 TOWNSEND AVENUE	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDWIN E	
STREET ADDRESS	7415 HWY. 540	
CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, MAE	
STREET ADDRESS	7415 HWY. 540	
CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Edwin Johnson* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 6-30-99 941-439-3760
 Date Daytime Phone #

CR2E034 (5/99)

F13624
581657-90003-9

MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

FILING FEE \$550.00

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 488-9000.

Reminder:

- 1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
- 2. Signature of the proper officer or director as noted in instructions for Block 14.
- 3. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$550.00. This office strongly recommends payment be made by check rather than money order. The cancelled check or money order is critical in settling a dispute regarding the proper filing of an annual report. It can be extremely difficult to obtain verification when a money order has been processed. Please verify with your bank that your check has cleared before calling the annual report section for the status of your annual report.

- Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. You cannot change the name of the corporation on this form. You must file an amendment to the articles of incorporation to change the name. If you filed an amendment after June 11, 1999, reflect the change of name in Block 1. If no name change has been filed, do not make changes to the form; file it as is and submit a name change amendment promptly. ALL ANNUAL REPORT FILING QUESTIONS SHOULD BE DIRECTED TO (850) 488-9000.
- Block 2 & 2a. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" is preprinted in Block 4, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at 1-800-829-1040.
- Block 5. Should you desire a certificate reflecting your corporation's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 6 and include an additional \$5.00 with the filing fee.
- Block 8. Check the appropriate box. Please direct all intangible tax questions to the Department of Revenue by calling 1-800-352-3671. Out of state callers must call (850) 922-7200. Section 199.052(3) and 607.1622(g) provide that a corporation, which is exempted from its intangible tax liability as provided in Chapter 199, and files an Annual Report indicating it owes no tax is exempted from having to file an Intangible Tax Return with the Department of Revenue.
- Block 9. The law requires that each corporation have a Registered Agent with a Florida street address. If the computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to change the Registered Agent on this form.
- Block 10. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 10. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT, however an officer/director of the corporation can be.
- Block 11. The new Registered Agent must indicate familiarity with Chapter 607, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.
- Block 12. Block 12 contains the officers/directors last reported to our office. If blank, you must list the name and address of at least one officer/director in Block 13. Please do not make any marks in Block 12 unless deleting an officer; corrections or additions are to be made in Block 13.
- Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to section 119.07(3)(i), Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 12 or 13 is an affirmation under oath that no other address is available.
- Block 14. This report must be signed in Block 14 with an original signature by an officer/director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Preprinted Annual Report Address:
 Annual Reports Filings
 Division of Corporations
 P.O. Box 1500
 Tallahassee, FL 32302-1500

Other Correspondence Address:
 Annual Reports Filings
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Internet Address:
<http://www.sunbiz.org>

Courier Address: (overnight delivery)
 Division of Corporations
 409 East Gaines Street
 Tallahassee, FL 32399

Phone: (850) 488-9000
 Hearing/Voice Impaired may call (850) 487-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.