FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F65438

1. Corporation Name

Principal Place of Business

JOHNSON WOODWORKING, INC.

1 morpar i lace	0 01 D00111000							
3470 LEGHORN		3470 LEGHORN RD						
VALKARIA FL 3	32950	VALKARIA FL 32905			DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			1
1					02/02/1982			
5 Dringing D	face of Business	2a. Mailing Address			4 FEI Number	A_	pplied For	┥.
	lace of Business	<u></u>			59-2165130		ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	1
		27			5. Certifcate of Status Desired		equired	ŀ
City & State	e	City & State	-		6. Election Campaign Financing	\$5,00	May Be	1
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		y	8. This corporation owes the current year Intangible			1
24	25	32950 30	7			Yes Yes	□No	
24	9. Name and Address of Current				10. Name and Address of New Registered A	gent		1
			81	Name				
JOH	INSON, CRAIG H.		82		ddress (P.O. Box Number is Not Acceptable)			4
3470	LEHORN RD		04	Street Addi	less (F.O. Box Number is Not Acceptable)			'
VALI	KARIA FL 32950		83					1
			84	City	FI	85 Zip	Code	1
		1007 4500 Ft -id- Chatter	45 5			hanging its	registered	-
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					ad when reinstating) DATE		<u>_</u>	1
	Signature, typed or printed name of registered agent		_	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ODS IN 12	- l
12.	OFFICERS ANI	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	13
TITLE	JOHNSON, CRAIG H.	L. OLEETE	12 NAME					
NAME	A470 LEGUADAL DD							8
STREET ADDRESS	VALKARIA FL 32950			TADDRESS				1 5
CITY-ST-ZIP	VALNANIA FL 3 2450	☐ DELETE	1.4 CITY-1	ST- ZIP		Change	Addition	18
TITLE		□ pereie	2.1 TITLE			[_] Orlange		1
NAME			2.2 NAME	1				
STREET ADDRESS				TADORESS				
CITY-ST-ZIP		C) potette	2. 4 CITY-			Change	Addition	-{
TITLE			13.1 TITLE	1			□ vaquaqu	ĺ
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		□ Character		-
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				4
TITLE			5.1 TITLE]		☐ Change	☐ Addition	1
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 C/TY-	ST-ZIP				1
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					1
OTDEET ADDRESS			6.3 STREE	ET ADDRESS				1

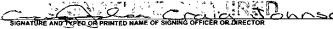
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90072 010 ***150.00