

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F86104 (9)

1. Corporation Name

OWENS-JOHNSON, INC.



Principal Place of Business

Mailing Address

OWENS-JOHNSON, INC.
P O BOX 966
GONZALEZ FL 32560
US

OWENS-JOHNSON, INC.
P O BOX 966
GONZALEZ FL 32560
US

3. Date Incorporated or Qualified
06/21/1982

3a. Date of Last Report
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 1677

22 City & State

27 Suite, Apt. #, etc.

23 Zip Country

28 City & State
Clewiston, FL

24 Zip Country

29 33440 30 U.S.

4. FET Number
59-2206433

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORK, E. GARY, JR.
1940 ST. MARY AVENUE
PENSACOLA FL 32501

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

Signature typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME OWENS, E E
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

12 NAME
13 STREET ADDRESS P.O. Box 1677
14 CITY-ST-ZIP Clewiston, FL 33440

TITLE D ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME JOHNSON, B
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

22 NAME
23 STREET ADDRESS

TITLE D ☐ DELETE

24 CITY-ST-ZIP ☐ Change ☐ Addition

NAME JOHNSON, E
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

32 NAME ☐ Change ☐ Addition

NAME JOHNSON, W H
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

33 STREET ADDRESS

TITLE D ☐ DELETE

34 CITY-ST-ZIP ☐ Change ☐ Addition

NAME JOHNSON, W H
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

42 NAME ☐ Change ☐ Addition

NAME JOHNSON, W H
STREET ADDRESS 8800 FOWLER AVE
CITY-ST-ZIP GONZALEZ, FL 00000

43 STREET ADDRESS

TITLE D ☐ DELETE

44 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with 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 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Date

941-983-5963

Daytime Phone #

CR2E034 (12/95)