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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	1996	DIVISION OF	F CORPORATIONS		
DOCUN 1. Corporation	Name	0004492 (5)		
HARRIS	S-JOHNSON INDUSTRIES,	INC.		E INDECEN ICEN INCON CITTA MARCE NALL	AL MANNE MANNE MANNE MENNE ANDRE LANGE HEAL HERE

Principal Place of Business Mailing Address				* 1447/44 NO 1614 NI 66/11 BELL	1 00111 00111 00111 01011 01110 10110 110110
833 WINSTON STREET 833 WINSTON STREET GREENSBORO NC 27405 GREENSBORO NC 274			•		
				3. Date Incorporated or Qualified 09/30/1993	3a. Date of Last Report 05/16/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number 56-0746454	Applied For
21 Suite, Apt. #	1				Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25)	Ζφ 29	Country 30	8. This corporation has liability for in Florida Statutes Yes	Intangible tax under s. 199.032,
	9. Name and Address of Curren		1991	10. Name and Address of New R	tegistered Agent
			81 Name		
Martin, scott lee 8237 Barracuda Road Jacksonville Fl 32244			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
			83		
JACKSC	MYILLE FL 32244				
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above named corpo	ration submits this statement for the pur	roose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Honi h, and accept the obligations of, Sect	da. Such change was authori ion 607.0505, Florida Statute	zed by the corporation's boa is.	rd of directors. I hereby accept the app	ointment as registered agent. I am
SIGNATURE					
12.	Signature, typed or printed name of registeren ayer t OFFICERS AN		OTE: Brigistered Agent's gnature require 13.	d when reinstaling! ADDITIONS/CHANGES TO OFF	EATE ICERS AND DIRECTORS IN 12
TITLE	CPT	[] DELETE	1 1 TOTLE	7,001107.001111.00.010	Change Addition
NAME	JOHNSON, JOHN F SR		1.2 NAME		
STREET ADDRESS	831 WINSTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC 27405	F . F	1.4 CHY-ST-ZIP		
TITLE	VCS Johnson, Steven L	☐ DECETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS	831 WINSTON STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC 27405		2 4 CITY-ST-ZIP		
TITLE	Λ	[] DELETE	3. 1 TITLE		Change Addition
NAME	NIX, JERRY S		3.2 NAME		
STREET ADDRESS	831 WINSTON STREET		3.3 STREET ADDRESS	4	
CITY-ST-ZIP	GREENSBORO NC 27405	[7] 0(1)[1	3.4 C(1)Y - \$1 - 7(P		
TITLE.		DELETE	4. 1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY - S1 - ZIP		
TITLE	1 M M 1 M M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	DELETE	5 1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP		Florier	5.4 CITY+ST+ZIP	**************************************	
TITLE		DETEJE	6 1 TITLE		Change Addition
NAME. STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I do hereby	y certify that the information supplied	with this filing is voluntarily fur	mished and does not qualify:	for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
certify that cath; that I appears in	the information indicated on this anni lam an officer or director of the corpo Block 12 or Block 13 if changed, or i	ual report or supplemental an oration or the receiver or trust on an attachmen) withoun add	inual report is true and accum see empowered to execute the dress.	ate and that my signature shall have the is report as required by Chapter 607, Fi	same legal effect as if made under orida Statutes; and that my name

SIGNATURE:

5/16/96

910-274-0174 Daytine Prione #