FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003817 (3)

1. Corporation Name
J.L. JOHNSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
SUITE 240 1101 N. LAKE DESTINY ROAD MAITLAND FL 32751-7114	SUITE 240 1101 N. LAKE DESTINY ROAD MAITLAND FL 32751-7114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 559 TULANE DRIVE	26 559 TULANE DRIVE
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 ALTAMONTE SPGS., FL.	City & State 28 ALTAMONTE SPGS., FL
Zip / Country 24 32714 / 25 USA	Zip / Country 29 32714 / 30 USA

4. FEI Number: APPLIED FOR 59-3261405 — ☐ 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

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name: JOHNNY L. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 559 TULANE DRIVE
83 SEMINOLE COUNTY
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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: Johnny L. Johnson, President — 4/26/95
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition PST
NAME	JOHNSON, JOHNNY L	12 NAME	JOHNNY L. JOHNSON
STREET ADDRESS	1101 N. LAKE DESTINY ROAD, SUITE 240	13 STREET ADDRESS	559 TULANE DRIVE
CITY-ST-ZIP	MAITLAND FL 32751-7114	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714-4025
TITLE	C	21 TITLE	☒ Change ☐ Addition C
NAME	JOHNSON, JOHNNY	22 NAME	JOHNNY L. JOHNSON
STREET ADDRESS	1101 N. LAKE DESTINY ROAD, SUITE 240	23 STREET ADDRESS	559 TULANE DRIVE
CITY ST ZIP	MAITLAND FL 32751-7114	24 CITY-ST ZIP	ALTAMONTE SPRINGS, FL 32714-4025
TITLE	V	31 TITLE	☒ Change ☐ Addition V
NAME	JOHNSON, PATRICIA L	32 NAME	PATRICIA L. JOHNSON
STREET ADDRESS	559 TULANE DRIVE	33 STREET ADDRESS	559 TULANE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714-4025	34 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714-4025
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(i), Florida Statutes. I further certify that the information indicated on the 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: Johnny L. Johnson / JOHNNY L. JOHNSON 4/26/95 407/869-0615
(Required) (Type or Print Name and Title of Officer or Director) Date Daytime Phone Number
President, J.L. JOHNSON & ASSOCIATES, INC. FAX 407-869-0775

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