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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #

| | JOHNSON CONSTRUCTION | | | | | | | |
|--|---|--|--|--|---|-----------------------------------|---|--|
| Principal Pla | ace of Business | Mailing Address | | | 1 (40)(40) 1118 (810) (41)((3 | iria eeriat gella el | ON BUILDING | |
| 3209 W. 76TH ST. MINNEAPOLIS MN 55435 MINNEAPOLIS MN 554 | | | | | | | | |
| 9 Principal | Place of Deci- | | | | 3. Date Incorporated or Quali 10/24/1995 | fied 3a. [| Date of Last | Report |
| i] | Place of Business | 2a. Mailing Address | | · · · · · · · · · · · · · · · · · · · | 4. FEI Number | | <u>-</u> | Applied For |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, etc | <u>. </u> | | 41-0337130 | | 60 7 | Not Applicable |
| City & Sta | oto | 27 | | | 5. Certificate of Status Desired | q 🗖 | | 5 Additional Required |
| | alt | City & State | | | 6. Election Campaign Financia | | | 00 May Be |
| Zip | Country | Zip | Countr | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution | | Add | led to Fees |
| <u> </u> | 25 | 29 | 30 | , | 8. This corporation has liability Florida Statutes | / for intangibl: Yes No | e tax under | s 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | T | 10. Name and Address of No | | | |
| CTC | CORPORATION SYSTEM | | 81 | | | | | |
| 1200 | SOUTH PINE ISLAND ROAD | | 82 | Street Add | dress (P.O. Box Number is Not Acce | ptable) | | |
| | ITATION FL 33324 | | 83 | | | | | |
| | · | | 84 | City | | | | |
| . Pursuan | t to the prodeine of Continue 207 and | | | / | | F | | Ip Code |
| | | 0 1007 4500 51 11 6 | | <u> </u> | | | | |
| or registe | ered agent, or both, in the State of Flori | 2 and 607.1508, Florida Sta ida. Such change was auth | atutes, the above- orized by the corp | named corpo oration's boa | pration submits this statement for the | purpose of a | changing its | registered office |
| ramıllar v | with, and accept the obligations of, Sec | 2 and 607.1508, Florida Sta ida. Such change was auth tion 607.0505, Florida Stati | atutes, the above- orized by the corp utes. | named corpo oration's boa | oration submits this statement for the ard of directors. I hereby accept the | purpose of a appointment | changing its as registere | registered offi d agent, I am |
| IGNATURE | with, and accept the obligations of, Sec | tion 607.0505, Florida Stati | ites. | | so or allocators. Thereby accept the | appointment | changing its as registere | registered offi d agent, I am |
| IGNATURE 2. | Nitn, and accept the obligations of, Sec Signature, typed or printed name of registered agen OFFICERS AN | tion 607.0505, Florida Stati it end title if applicable. ID DIRECTORS | atutes, the above- orized by the corp utes. (NOTE: Registered Agen | | ed when renstalings | appointment Date | as registere | d agent, I am |
| IGNATURE 2. | Signature, typed or printed name of registered agen OFFICERS AN | tion 607.0505, Florida Statu t and title if applicable. | (NOTE: Registered Ager | | so or allocators. Thereby accept the | appointment Date | as registere | ORS IN 12 |
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| ramıllar v | Signature, typed or printed name of registered agen OFFICERS AN CD GESSNER, TOM | tion 607.0505, Florida Stati it end title if applicable. ID DIRECTORS | (NOTE: Registered Agents 13. 1.1 Title 1.2 NAME 1.3 STREET | nt signature require | ed when renstalings | appointment Date | as registere | ORS IN 12 |
| RET ADDRESS IT ST. ZIP | Signature, typed or printed name of registered agen OFFICERS AN CD GESSNER, TOM 3209 WEST 76TH STREET MINNEAPOLIS MN PD | tion 607.0505, Florida Stati it end title if applicable. ID DIRECTORS | (NOTE: Registered Ager 13. 1.1 TITLE 1.2 NAME | nt signature require | ed when renstalings | appointment Date | as registere ND DIRECTI Change | ORS IN 12 |
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SIGNATURE:

M.D. Wolf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 42 - 831 - 8151