

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

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002426 (2)**

1. Corporation Name

**JOHANSON TRANSPORTATION SERVICE, INC.**

Principal Place of Business

**2148 CENTER WAY  
MIDDLEBURG FL 32068  
US**

Mailing Address

**2148 CENTER WAY  
MIDDLEBURG FL 32068  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1714 KINGSLEY AVE</b>		26 <b>1714 KINGSLEY AVE</b>		<b>05/13/1996</b>	
22 Suite, Apt. #, etc. <b>STE 10</b>		27 Suite, Apt. #, etc. <b>STE 10</b>		4. FEI Number <b>94-2165765</b>	
23 City & State <b>ORANGE PARK, FL</b>		28 City & State <b>ORANGE PARK, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32073-4464</b>		29 Zip <b>32073-4464</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROSS, RICK  
2148 CENTER WAY  
MIDDLEBURG FL 32068**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1714 Kingsley Ave Ste 10**  
83  
84 City  
**Orange Park, FL** 85 Zip Code  
**32073**

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 date

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/23/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P JOHANSON, LARRY P</b>	1.2 NAME	
STREET ADDRESS	<b>3032 E CENTRAL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRESNO CA</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V JOHANSON, HOWARD E</b>	2.2 NAME	
STREET ADDRESS	<b>7150 SW HAMPTON STE 232</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORTLAND OR</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S SPICER, JANICE</b>	3.2 NAME	
STREET ADDRESS	<b>3032 E CENTRAL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRESNO CA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Y JOHANSON, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>3032 E CENTRAL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRESNO CA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE:

*Janice Spicer*

**3/23/98 (200) 481-1510**

CR2E034 (10/97)