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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000005183 (6)

1. Corporation Name

JOHANSON ELECTROTHERM CORPORATION



Principal Place of Business

THE POINTE #301  
438 BOUCHELLE DR.  
NEW SMYRNA BEACH FL 32169

Mailing Address

THE POINTE #301  
438 BOUCHELLE DR.  
NEW SMYRNA BEACH FL 32169-5445

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHANSON, ELEANOR L  
THE POINTE #301  
438 BOUCHELLE DR.  
NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified

10/07/1996

3a. Date of Last Report

4. FEI Number

06-0885914

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81

Name

JOHANSON, HAROLD G.

82

Street Address (P.O. Box Number is Not Acceptable)

THE POINTE #301

83

438 Bouchelle DR.

84

City

NEW SMYRNA BEACH FL

85 Zip Code

32169

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

*Eleanor L. Johanson*

President

01/08/97

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME JOHANSON, HAROLD G  
STREET ADDRESS THE POINTE #301, 438 BOUCHELLE DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE VSD ☐ DELETE

NAME JOHANSON, ELEANOR L  
STREET ADDRESS THE POINTE #301, 438 BOUCHELLE DR.  
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*Harold G. Johanson* PRESIDENT

01/08/97

9044265774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0024408

CR2E034 (9/96)