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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # F96871	•			01-23-1999 90000 020	130.00	
T. Corporatio	on Name	INC					
JOHNS	TON'S CARD & GIFT SHOP,	IIAĆ:		,	1 - EBri EB 4110 10110 Bish 10111 FB001 1011 B10	11 81811 8:812 8:8 11 8	11011 O(DI) 1801
	<u>.</u>						
Principal Plac	ce of Business	Mailing Address			- 1 (08/18/20 18/10 (E)/10 (E)/20 (E)/11 (18/10/18/20/20/20/20/20/20/20/20/20/20/20/20/20/	il bibli bibli bibli b	HEN CHUN HORY
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LUTZ FL 33549		LUTZ FL 33549				n .	28 B. Car
US		U\$.			DO NOT WRITE IN TH	IIS SPACE	,
				•	3. Date Incorporated or Qualified 08/25/1982	•	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Ар	plied For
21 Suite Ant		26			59-2218950	No	t Applicable
• • • • • • • • • • • • • • • • •	-#, etc			- بديث - حيث يمان -	5. Certificate of Status Desired	\$8.75. <i>A</i>	
22		27			g. Contracte of States Sound	Fee Re	quired
City & Stat	ite	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	to Fees
Žip	Country	Zip	Country	•	8. This corporation owes the current year		
24	25		30		Personal Property Tax. 10. Name and Address of New Registere		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	o Agent	
JOH	INSTON, ROBERT H			144110	•		
	O NIMES CT	na de	82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
LUT	Z FL 33549		83	* *	20	. 6.2 1ra. 2 . 6. 4 5 16 91 16	5.8% vigo (58) 5.8% (1.48) (88)
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			84	City		85 Zip C	Code
63-6 U.St	t to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	s the above	named come	eration cultimite this statement for the nurnosa	of changing its	registered
11 Pursuant							
office or i	registered agent, or both, in the State o	f Florida. Such change was au	thorized by	the corporation	n's board of directors. I hereby accept the app	pointment as rec	gistered
	•	f Florida. Such change was autons of, Section 607.0505, Flori	thorized by to da Statutes.	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	pointment as rec	gistered
office or a agent. I a						pointment as rec	gistered
	•	and title if applicable. (NOTE: F				· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent		when reinstating) ; 1, 1, 2, 2	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent		when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND UTD JOHNSTON, LIZABETH 6210 NIMES CT	and title if applicable. (NOTE: F	13.	t signature required	when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND UTD JOHNSTON, LIZABETH 6210 NIMES CT LUTZ FL	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	t signature required	when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO	RS IN 12
12. TITLE SUMMER STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND UTD JOHNSTON, LIZABETH 6210 NIMES CT	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE S., NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND UTD JOHNSTON, LIZABETH 6210 NIMES CT LUTZ FL PSD JOHNSTON, ROBERT H	and title if applicable. (NOTE: F) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO Change	PRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND UTD JOHNSTON, LIZABETH 6210 NIMES CT LUTZ FL PSD JOHNSTON, ROBERT H 6210 NIMES CT	and title if applicable. (NOTE: F) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required ADDRESS 1- ZIP	when reinstating) ; * DATE ADDITIONS/CHANGES TO OFFICERS .	AND DIRECTO Change	PRS IN 12
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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 hystee 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 on on an attachment with an address, with all other like empowered. an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State