

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G11452 (1)

1. Corporation Name

G.H. JOHNSON CONSTRUCTION CO.

Principal Place of Business

5300 W CYPRESS STREET, SUITE 261  
TAMPA FL 33607

Mailing Address

5300 W CYPRESS STREET, SUITE 261  
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualification

12/02/1982

3a. Date of Last Report

03/29/1994

4. FEI Number

59-2242771

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

7. This corporation has liability for filing fees under § 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

YAZDANI, REZA  
5300 W. CYPRESS ST., SUITE 261  
TAMPA FL 33607

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 of Registered Agent or Officer or Director)

(NOTE: Registered Agent must sign and print name)

DATE

12. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | ST                         |
| NAME           | RIDDLE, KAREN              |
| STREET ADDRESS | 2108 ALDER WAY             |
| CITY, ST, ZIP  | BRANDON FL                 |
| TITLE          | P                          |
| NAME           | YAZDANI, REZA              |
| STREET ADDRESS | 7150 SUNSET PT. WY #701E   |
| CITY, ST, ZIP  | ST. PETERSBURG BEACH FL    |
| TITLE          | EVP                        |
| NAME           | LOPER, DAVID J.            |
| STREET ADDRESS | 14110 KENSINGTON OAK PLACE |
| CITY, ST, ZIP  | LARGO FL                   |
| TITLE          | VP                         |
| NAME           | BRINKLEY, THOMAS A.        |
| STREET ADDRESS | 2510 BORDEAUX WAY          |
| CITY, ST, ZIP  | LUTZ FL                    |
| TITLE          | AS                         |
| NAME           | LIVESAY, FAITH D.          |
| STREET ADDRESS | 8441 TOBAY ROAD            |
| CITY, ST, ZIP  | ST. PETERSBURG FL          |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY, ST, ZIP  |                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REZA YAZDANI

(Date)

(Signature Printed)

5/11/95 813-284-5505