

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 AM 8:20

DOCUMENT # G42217

(1)

1. Corporation Name

BUD JOHNSON CORPORATION

Principal Place of Business

10818 SW 188 ST
17225 S.W. 84TH CT.
MIAMI FL 33157
US

Mailing Address

% LELAND JOHNSON
17225 S.W. 84TH CT.
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1983

3a. Date of Last Report

06/03/1994

4. FEI Number

59-2294512

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

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

JOHNSON, LELAND
17225 S.W. 84TH CT.
MIAMI FL 33157

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, typed or printed name of registered agent and title (checkable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JOHNSON, LELAND
17225 S.W. 84TH CT.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JOHNSON, PHYLLIS A.
17225 S.W. 84TH CT.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

JOHNSON, LELAND V.
17225 S.W. 84TH CT.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

JOHNSON, PHYLLIS A.
17225 S.W. 84TH CT.
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

FATORA, ROBERT J
13120 SW 92 AVE / APT 66
MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

FATORA, ROBERT J
13120 SW 92 AVE / APT 608
MIAMI FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(6)(b), 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, a trustee, or power of attorney, 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 order.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95 (305) 252-0344
Date Signature