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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G91800

(4)

D.L. JOHNSON CONSTRUCTION, INC.

FILED									
May 06 1997 8:00am									
Secretary of State									

Principal Place of Business Mailing Address											
% DENNIS L. JOHNSON 18426 TULIP ROAD		18426 TULIP	% DENNIS L. JOHNSON 18426 TULIP ROAD								
FT. MYERS FL	33912	F1. MYERS	FL 33912-3153				3. Date Incorporated or Qualifie 03/19/1984		ate of Last Ri 24/1996	eport	
<u> </u>	lace of Business	2a. Mailing	Address	—- 			4. FEI Number			oplied For	
21		26					59-2384140			ot Applicable	
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certificate of Status Desired	$ \overline{\mathbf{v}} $	\$8.75 A		
22 City & State		27 City & S	City & State				6 Classian Consistent Financia				
23	•	<u>├</u> -1	28				 Election Campaign Financin Trust Fund Contribution 	° n	\$5.00 Added t		
Zip	ip Country		Zıp Cour				8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30				Florida Statutes	☐ Yos	X No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	9. Name and Address of C	urrent Registered Ag	ent		,		10. Name and Address of New	Registered	Agent		
	NSON, DENNIS L.			81	Nar	ne					
	26 TULIP ROAD			82	Stre	el Addre	ss (P.O. Box Number is Not Accep	otable)			
FT. I	MYERS FL 33912			83							
				63						!	
i				84	City	,		FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607 1508	Florida Statuto	s the above	e-nan	ed corne	pration submits this statement for the		of changing it	ls registered	
office or r	registered agent, or both, in the	State of Florida, Such	change was au	ithorized by	y the o	corporation	oration submits this statement for the on's board of directors. I hereby ac	cept the app	pointment as	registered	
	in lanimar with, and accept the	obligations of, aection	607.0303, Flor	ioa Statutes	ъ.						
SIGNATURE	Signature, typed or printed name of registe	red agent and tile if applicable	(NOTE	Registered Age	ent signa	ature require	o when reinstating)	DATE			
12.		S AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	PD	Į.	DELETE	1.1 TITLE					Change	L Addition	
NAME	JOHNSON, DENNIS L.			1.2 NAME							
STREET ADORESS	18426 TULIP ROAD FORT MYERS FL			1.3 STREFT		S\$				}	
CITY-ST-ZIP TITLE	STD		DELETE	14 CITY-S	ST - ZIP				Change	☐ Addition	
NAME	JOHNSON, MARY JEAN	ι		2.2 NAME					C Grange	[_] Vanition	
STREET ADDRESS	18426 TULIP ROAD			2.3 STREET	I ADDRI	<e th="" <=""><th></th><th></th><th></th><th></th></e>					
CITY-ST-ZIP	FORT MYERS FL			2. 4 CITY - 1							
TITLE		·	DELETE	3.1 Till£					Change	Addition	
NAME				3.2-NAME		1				ĺ	
STREET ADDRESS				3.3 STREFT	ADDRE	SS				1	
CITY-ST-ZIP				34, CITY-:	ST-ZiP						
TITLE	,	l	DELETE	4.1 TITLE		į			Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET		SS					
CITY-ST-ZIP	<u></u>		DELETE	4.4 C(TY - S 5.1 TITLE	1 - ZIP				Change	☐ Addition	
NAME		'		5.2 NAME					change	ounon	
STREET ADDRESS				5.3 BTREET	I ADDRE	SS					
CITY-ST-ZIP				5.4 DITY- S							
TITLE			DELETE	61 JILE	2. 4.11				Change	Addition	
NAME				6.2 NAME					_		
STREET ADDRESS				6.3 \$1REE1	ADDRE	:SS					

6.4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; that I am an officer or director of the exportation 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 thanged, or on an attachment with an address.