

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H13831 (3)

1. Corporation Name

JOHNSON & ROSSANO, INC.



Principal Place of Business

Mailing Address

715 W SR 434
SUITE K
LONGWOOD FL 32750
US

715 W SR 434
SUITE K
LONGWOOD FL 32750
US

3. Date Incorporated or Qualified

07/25/1984

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2424003

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

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1000 112th Cir. N.

26 1000 112th Cir. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 1400

27 Ste. 1400

City & State

City & State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip

Country

Zip

Country

24 33716

25 USA

29 33716

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MAURA T., ESQ.
SUITE 801, FIRSTSTATE TOWER
255 SOUTH ORANGE AVENUE
ORLANDO 32801

81 Name

Charles W. Nobbe

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

1000 112th Circle N.

83

Ste. 1400

84 City

St. Petersburg,

FL

85

Zip Code

33716

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 as 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 607.0506, Florida Statutes.

SIGNATURE

Charles W. Nobbe

4/23/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME JOHNSON, HAROLD O.
STREET ADDRESS 2740 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE DS
NAME ROSSANO, ELEANOR E.
STREET ADDRESS 2740 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE D
NAME ROSSANO, MARC A.
STREET ADDRESS 2740 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE D
NAME ROSSANO, JEAN A.
STREET ADDRESS 2740 CONNIE CIRCLE
CITY-ST-ZIP ORANGE PARK FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP
Charles W. Nobbe
4830 Osprey Dr., S #504
St. Petersburg, FL 33711

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Nobbe

4/23/96

Date

813-576-0220

Daytime Phone #

CR2E034 (12/95)