

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H34164 (4)

1. Corporation Name

CALVIN JOHNSON & ASSOCIATES, INC.

Principal Place of Business

**1516 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919**

Mailing Address

**1516 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified

12/14/1984

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2494604

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. 189.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, CALVIN A.
4315 PERTH COURT
N. FT. MYERS FL 33903**

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

Calvin A. Johnson Pres.

Signature, typed or printed name of registered agent and (if applicable)

(NAME-Registered Agent signature required when re-registering)

DATE

4/14/95

12. OFFICERS AND DIRECTORS

TITLE
NAME

P

**JOHNSON, CALVIN A.
4315 PERTH COURT
N. FT. MYERS FL**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

ST

**JOHNSON, PATRICIA A.
4315 PERTH COURT
N. FT. MYERS FL**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

V

**JOHNSON, JOHN C.
4315 PERTH COURT
N. FT. MYERS FL**

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

☐ Change ☐ Addition

1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME

☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME

☐ Change ☐ Addition

3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME

☐ Change ☐ Addition

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME

☐ Change ☐ Addition

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME

☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Calvin A. Johnson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/95 (813)
275-5151**

DATE

TELEPHONE #