

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified 12/14/1984	3a. Date of Last Report 04/19/1995
4. FET Number 59-2494604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current 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	85. Zip Code FL
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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 if applicable

(NOTE: Registered Agent signature is not required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	1.2 NAME	
CITY-STATE-ZIP		1.3 STREET ADDRESS	
TITLE	NAME	1.4 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	2.1 NAME	
CITY-STATE-ZIP		2.2 STREET ADDRESS	
TITLE	NAME	2.3 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	3.1 NAME	
CITY-STATE-ZIP		3.2 STREET ADDRESS	
TITLE	NAME	3.3 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	4.1 NAME	
CITY-STATE-ZIP		4.2 STREET ADDRESS	
TITLE	NAME	4.3 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	5.1 NAME	
CITY-STATE-ZIP		5.2 STREET ADDRESS	
TITLE	NAME	5.3 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	6.1 NAME	
CITY-STATE-ZIP		6.2 STREET ADDRESS	
TITLE	NAME	6.3 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS	6.4 NAME	
CITY-STATE-ZIP		6.5 STREET ADDRESS	
TITLE	NAME	6.6 CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STREET ADDRESS		
CITY-STATE-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 119.07(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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 941 275-5151

CR2E034 (12/95)