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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H62901 1. Corporation Name

JOHNSON * FREY * TURZAK GROUP, INC.

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90153 047 ***150.00



Principal Place	of Business	Mailing Address				- 1 (65)bit 21:0 21:10 (12:8 16:1) 23:01 (10: 210:1 4:2), 210:1 210:1 21:1/	
6216 GRAND BLVD 6216 GRAND BLVD							
NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 3465			52				
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 06/19/1985	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				NOT APPLICABLE Not Applicable.	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	_
22		27				5. Certificate of Status Desired Fee Required	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
		Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
				81	Name		
	/, BRUCE L			82	Street Addres	ess (P.O. Box Number is Not Acceptable)	
	GRAND BOULEVARD				Olicel Addres	OUT OF BOX (GILLE)	
NEW	PORT RICHEY FL 34652	•		83			
	•			84	City	85 Zip Code	
				1	•	FL	
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statut f Florida. Such change was a	es, the a	bove d by t	named corpor he corporation	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
	m familiar with, and accept the obligation	ons or, Section 607.0505, Fig	nua Stat	utes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent	signature required v	when reinstating) DATE	2
12.	OFFICERS AND		13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Š
TITLE	PD	☐ DELETE	1,1 T	MLE	P/9	S/D X Change Addition	7
NAME	FREY, BRUCE		1.2 N	AME			3
STREET ADDRESS	COAC CRAND DOLL EVADO		1.3 S	1.3 STREET ADDRESS			Ĺ
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			ITY-ST-	-ZIP		Š
TITLE	SD		2.1 T	ITLE		☐ Change ☐ Addition	(
NAME	JOHNSON, SHAYNE		2.2 N	AME			
STREET ADDRESS	6216 GRAND BOULEVARD		2.3 S	TREET	ADDRESS .		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		2.40	มาY-ราิ	-ZIP		
TITLE	TD	☐ DELETE	3.1 T			T/D Change Addition	
NAME	TURZAK, OLIVER J		3.2 N	AME	'		
STREET ADDRESS	6216 GRAND BOULEVARD		3.3 S		ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652			3.4. CITY-ST-ZIP			
TITLE			_	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.21	AME			
STREET ADDRESS			4.3 S	TREET	ADORESS		
CITY-ST-ZIP	4.4			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 T			☐ Change ☐ Addition	
NAME			5.2 NAM			Ì	
STREET ADDRESS			5.3 S	TREET	ADDRESS		
CITY-ST-ZIP			5.4 C	TTY-ST	-ZIP		
TITLE				1 TITLE		☐ Change ☐ Addition	
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET.	ADORESS		
CITY OF ZID			6.4 C	ITY-ST	·ZIP		

14. I hereby certify that the information supplied with this filing 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 a mual report by de 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 a powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attackment with an address, with all other like empowered.

Bruce E. Frey 4/9/99 727-848-2921