

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 # H85843 (1)

1. Corporation Name
JOHNSON'S FLORIST, INC.



Principal Place of Business
**C/O ELLEN D. JOHNSON
2316 LIENBY AVENUE
PANAMA CITY FL 32405**

Mailing Address
**C/O ELLEN D. JOHNSON
2316 LIENBY AVENUE
PANAMA CITY FL 32405**

3. Date Incorporated or Qualified **11/18/1985** 3a. Date of Last Report **07/10/1995**

4. FEI Number **59-2592407** 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 **21 Same as above** 2a. Mailing Address **26 Same as above**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**JOHNSON, ELLEN D.
2316 LIENBY AVENUE
PANAMA CITY FL 32405**

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the applicable

(if 001b Registered Agent signature required, attach separately)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JOHNSON, ELLEN D.	
STREET ADDRESS	1409 CLAY AVE.	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE	VSD	☐ DELETE
NAME	JOHNSON, DAVID M.	
STREET ADDRESS	1409 CLAY AVE.	
CITY - ST - ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
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 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 *Ellen D. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELLEN D. JOHNSON

4-15-96 **904-763-8822**
Date Daytime Phone

CR2E034 (12/95)