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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H96779

JOHNS TELEVISION SALES & SERVICE, INC.					ļ.		
					I ADDIDAS DISTO PERIO ELLA LA DAL FEDRA ADIA DI DI DI	# 818 #1 818 #1 818 #1	######################################
Principal Plac	e of Business	Mailing Address					
% CLAUDIUS F. JOHNS III % CLAUDIUS F. JOHNS III					}		
1384 S FIRST STREET 1384 S FIRST STREET LAKE CITY FL 32055 LAKE CITY FL 32055					DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
CARE OILLIE	32000	CARE OIL LE 25000			3. Date Incorporated or Qualifed		
)					01/30/1986		}
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Ar	plied For
21		26			59-2642167	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				Fee Re	<u></u> -
City & Stat	e	City & State	-		-6. Election Cempaign Financing		May Be
Zip	Country	28	Cour		Trust Fund Contribution	Added	to Fees
	25)	Zip	30	iu y	This corporation owes the current year I Personal Property Tax.	Intangible ☐ Yes	Mo
24	9. Name and Address of Curre	nt Registered Agent	30		10. Name and Address of New Registere		
ļ	3. Harrie and Address of Outro	in registered Agent		81 Name	10. Harrie Sile Aparess V. Hew Hegistere	u Aguit	
JOH	NS III, CLAUDIUS F.		Ļ				
1384 S FIRST STREET				82 Street A	Address (P.O. Box Number is Not Acceptable)		
LAKE CITY FL 32055			Ţ	83			
				84 City		. 85 Zip (Code
				City	F		2008
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	es, the ab	ove-named o	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing its	registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505. Flo	rida Statu	tes.	ration's board of directors. I hereby accept the app	-	9.010.00
SIGNATURE	Maudies + Ve	MW 113				-2-99	
	Signature, types or printed name of register age	int and trite if applicable. (NOTE:	_	Agent signature re	quired when reinstating) DATE	AND DIDECTO	DE IN 12
TITLE	PN OFFICERS AI	DELETE	13.	F	ADDITIONS/CHANGES TO OFFICERS A		MOINIZ
NAME	JOHNS, CLAUDIUS F., III					i i Chanae	□ Addition
STREET ADDRESS			1.2 NAN	ME I		☐ Change	☐ Addition
0	BU IS BUX 1230		1.2 NAM			□ cuarde	☐ Addition
CITY-ST-ZIP	RT 15 BOX 1230 LAKE CITY FI		1.3 STR	REET ADORESS		□ cuaude	Addition
CITY-ST-ZIP TITLE	LAKE CITY FL	☐ DELETE	1.3 STR	REET ADORESS Y-ST-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME	LAKE CITY FL V	☐ DELETE	1.3 STR 1.4 CIT	REET ADORESS Y-ST-ZIP .E	· · · · · · · · · · · · · · · · · · ·		
TITLE	V Johns, Claudie F., Jr.	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	REET ADORESS Y-ST-ZIP .E	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS	V Johns, Claudie F., Jr. 840 Tularosa ave.	☐ DELETE	1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	REET ADORESS Y-ST-ZIP E WE	· · · · · · · · · · · · · · · · · · ·		
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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 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, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CLAUDIUS F. JOHNS III

Claudius F.