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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97609

(2)

JOHNSON ENTERPRISES, INC.

FILED Jan 30 1998 8:00am Secretary of State

|--|--|

Principal Place	ace of Business Mailing Address			r somfine dele sollt som detter datte selv ordes dies diest diest diest diest diest bib.				
	4845 BUNYAN PLACE 4845 BUNYAN PLACE							
SARASOTA FL 34232-2350		SARASOTA FL 34232-2350			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified			
					02/04/1986			
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 1562 CATTLEMEN LOAD 26 Suite, Apr. 4, etc. 27					59-2626471	Not Applicable		
		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Required	
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23 5 A/	LASOTA IL.	28			Trust Fund Contribution		d to Fees	
ー ^{Zip} っょく	Country	Zip	Coun	try	8. This corporation owes or has paid the			
24 34	(3 6 25	29	30		Personal Property Tax due June 30.		□ No	
	9. Name and Address of Current			11 Name	10. Name and Address of New Register	ed Agent		
	RD/MERRILL/CULLIS/TIMM/FURE	N/GINSBURG P	ľ	Name				
	IN: F. THOMAS HOPKINS, III		1	82 Street Address (P.O. Box Number is Not Acceptable)				
	3 MAIN STREET, STE. 600		1					
SAI	RASOTA FL 34237			3				
			8	4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip	Code	
						<u> </u>		
office or re	to the provisions of Sections 607.0502 aglatered agent, or both, in the State of	and 607.1508, Florida Sta of Florida. Such change wa	atutes, the abo as authorized	ve-named o	corporation submits this statement for the purpos oration's board of directors. I hereby accept the	a of changing appointment a	its registered i	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505,	Florida Statu	es.	- · · · - · · · · · · · · · · · · · · ·			
SIGNATURE	Signature, typed or printed name of registered agent		DOTE D		equired when reinstating) DAT			
12.	OFFICERS AND		13.	igent signature r	ADDITIONS/CHANGES TO OFFICERS A	-	DRS IN 12	
TITLE	PD	DELETE	1.1 TITLE		ABBITION OF IT WALLS TO OTT TOLLING A	Change		
NAME	JOHNSON, DAVID J		1.2 NAM	1				
STREET ADDRESS	4845 BUNYAN PLACE				1562 CATTLEMEN ROAL	0		
CITY-ST-ZIP	SARASOTA FL 34232		- 1	-ST-ZIP	SALASOTA FL. 3423	2		
TITLE	8	LP DELETE	2.1 TITLE) Algrisoir c1 3+c3	Change	Addition	
NAME	HICKLE, SHANE		2.2 NAM	- 1				
STREET ADDRESS	5020 PRESTON WAY			ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		- 1	'-S1-ZIP				
TITLE	T	DELETE	3 1 TITLE			Change	Addition	
NAME	CONOUER, WES A		3.2 NAM					
STREET ADDRESS	5136 CAMUS ST			ET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 50			-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAN	IE		_		
STREET ADORESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAM					
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY	1				
TITLE		☐ DELETE	6.1 TITLE		17,000	Change	Addition	
NAME			6.2 NAM	.				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	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 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 changes, or or an anachment with an address.

SIGNATURE:

AUID JOHNSON 1/15/92 9413721192