

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 # J75147 (5)

1. Corporation Name

S.W. JOHNSON DEVELOPMENT, INC.



Principal Place of Business

2477 STICKNEY POINT DR
SUITE 221-B
SARASOTA FL 34231

Mailing Address

2477 STICKNEY POINT DR
SUITE 221-B
SARASOTA FL 34231

2. Principal Place of Business

21 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

22

City & State

23 Nokomis, FL

Zip

24 34275

Country

25

2a. Mailing Address

26 2029 Calusa Lakes Blvd.

Suite, Apt. #, etc.

27

City & State

28 Nokomis, FL

Zip

29 34275

Country

30

3. Date Incorporated or Qualified

06/01/1987

3a. Date of Last Report

08/03/1995

4. FBI Number

59-2817413

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

9. Name and Address of Current Registered Agent

ROKNICH, NICK III
1819 MAIN STREET
SUITE 610
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

Johnson, Sherell W.

82 Street Address (P.O. Box Number is Not Acceptable)

2029 Calusa Lakes Blvd.

83

84 City

Nokomis

FL

85 Zip Code
34275

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Sherell W. Johnson
Signature, typed or printed name of registered agent and State of residence

Sherell W. Johnson, Pres.

4/30/96

(If filer is Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, SHERRELL W.
STREET ADDRESS 2477 STICKNEY PT RD.
CITY-ST-ZIP SARASOTA FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 2029 Calusa Lakes Blvd.
1.4 CITY-ST-ZIP Nokomis, FL 34275

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, unchanged, or on an attachment with an address.

SIGNATURE:

Sherell W. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sherell W. Johnson 4/30/96

Date

941-484-6004

Daytime Phone #

CR2E034 (12/95)