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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J77649 (8)

1. Corporation Name
JOHNSON TITLE COMPANY

Principal Place of Business
7190 SEMINOLE BLVD
SEMINOLE FL 34642-5935

Mailing Address
7190 SEMINOLE BLVD
SEMINOLE FL 33772-5935



2. Principal Place of Business
7150 Seminole Blvd.

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State
Seminole, FL

27 City & State

23 Zip
33772

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WAGNER, BONNIE L
7190 SEMINOLE BLVD
SEMINOLE FL 34642

3. Date Incorporated or Qualified
06/11/1987

3a. Date of Last Report
01/30/1996

4. FEI Number
59-2811812

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

10. Name and Address of New Registered Agent

81 Name

Jody Phelps Tutt

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

7150 Seminole Blvd.

83

84 City

Seminole

FL

85 Zip Code

33772

11. Pursuant to the provisions of Sections 607.0102 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

Jody Phelps Tutt

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME JOHNSON, BRIAN E.
STREET ADDRESS 7190 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ DELETE
NAME PHELPS, JODY
STREET ADDRESS 7190 SEMINOLE BLVD
CITY-ST-ZIP SEMINOLE FL

TITLE ☒ DELETE
NAME WAGNER, BONNIE L.
STREET ADDRESS 7190 SEMINOLE BLVD.
CITY-ST-ZIP SEMINOLE 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 PD
2.3 STREET ADDRESS TUTT, JODY PHELPS
2.4 CITY-ST-ZIP 7150 Seminole BLVD
Seminole, FL 33772

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 STD
4.3 STREET ADDRESS DANNO, LILLIAN
4.4 CITY-ST-ZIP 7150 Seminole BLVD
Seminole, FL 33772

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 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.

SIGNATURE:

Jody Phelps Tutt, President 1/22/97 813-392-4882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)