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 # **J95086** **(1)**

1. Corporation Name

S.W. JOHNSON INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2477 STICKNEY POINT DR. SUITE 221-B SARASOTA FL 34231	2477 STICKNEY POINT DR. SUITE 221-B SARASOTA FL 34231

3. Date Incorporated or Qualified: 10/01/1987
3a. Date of Last Report: 08/03/1995

2. Principal Place of Business
21 2029 Calusa Lakes Blvd.
22 Suite, Apt. #, etc.
23 City & State: Nokomis, FL
24 Zip: 34275 25 Country

2a. Mailing Address
26 2029 Calusa Lakes Blvd.
27 Suite, Apt. #, etc.
28 City & State: Nokomis, FL
29 Zip: 34275 30 Country

4. FEI Number: 65-0007598 ☐ 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 XXX ☑ 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 607.1508, 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: Sherell W. Johnson, Pres. DATE: 4/30/96
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, SHERRELL W. 2477 STICKNEY PT.,RD. SARASOTA FL 34231	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD XX 2029 Calusa Lakes Blvd. Nokomis, FL 34275	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Sherell W. Johnson, Jr. 4/30/96 941-488-6004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #