

4-7-95 - 8-21-95
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 7 AM 11: 54

DOCUMENT # K08860 (4)

1. Corporation Name
RALPH JOHNSON, INC.

Principal Place of Business	Mailing Address
1135 PASADENA AVE. SUITE 150 1135 PASADENA AVE. S. PASADENA FL 33707	1135 PASADENA AVE. SUITE 150 1135 PASADENA AVE. S. PASADENA FL 33707

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 12/24/1987	3a. Date of Last Report 05/01/1994
--	--

2. Principal Place of Business	2a. Mailing Address
--------------------------------	---------------------

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22	27
City & State	City & State

23	28
City & State	City & State

24	25	29	30
Zip	Country	Zip	Country

24	25	29	30
Zip	Country	Zip	Country

4. FEI Number 59-2865309	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$9.75 Additional Fee Required
----------------------------------	--------------------------	---------------------------------------

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	------------------------------------

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, RALPH H.
1135 PASADENA AVE.
S. PASADENA FL

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOHNSON, RALPH H.
STREET ADDRESS	7892 SAILBOAT KEY BD 303
CITY - ST - ZIP	S. PASADENA FL
TITLE	VSD
NAME	JOHNSON, BERNICE J.
STREET ADDRESS	7892 SAILBOAT KEY BD 303
CITY - ST - ZIP	S. PASADENA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph H. Johnson*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/95 *3453028*
 DATE DAYTIME TELEPHONE