

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 11 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55912

(5)

1. Corporation Name

GREG JOHNSON & COMPANY, INC.

Principal Place of Business

% JEFFREY C. JOHNSON
3300 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695

Mailing Address

3300 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

07/01/1994

4. FEI Number

59-2925926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSON, GREGORY, G
3300 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695

10. Name and Address of Now Registered Agent

81 Name

GREGORY G. JOHNSON

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

15619 PREMIERE DR.

83

SUITE 104

84 City

TAMPA

FL

85 Zip Code

33624

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

Gregory G. Johnson
Signature, typed or printed name of Registered Agent, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, GREGORY G.
3300 BRIARWOOD CIRCLE
SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, JEFFREY C.
3300 BRIARWOOD CIRCLE
SAFETY HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
15619 PREMIERE DR., SUITE 104
TAMPA, FL 33624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
15619 PREMIERE DR. SUITE 104
TAMPA, FL 33624

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gregory G. Johnson GREGORY G. JOHNSON 6/30/95 (813) 960-9080
Signature and typed or printed name of signing officer or director Date Daytime Phone #