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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sendra B Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # K68091

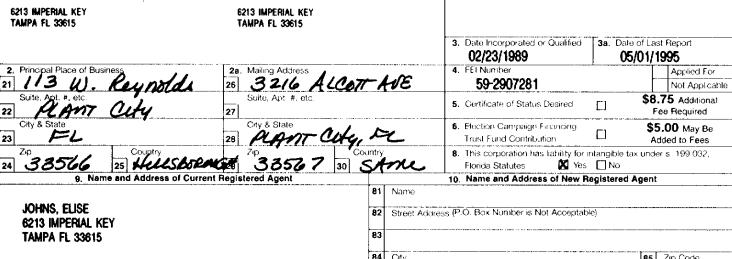
(3)

1. Corporation Name

THE JOHNS GROUP, INC.

Principal	Place o	f Business

Mailing Address



			84 City	FL 85 Zip Code
or register	ed agent, or hoth, in the Sta	607.0502 and 607.1508, Florida Statutes, ite of Florida Such change was Juthorized to is a Spotion 607.0505, Florida Statutes.	the above named corpo by the corporation's boa	oration submits this statement for the purpose of changing its registered office and of directors. Thereby accept the appointment as registered agent. Fam
SIGNATURE _	Signature, typed or printeg are else of ex-	gylaregy agent and title it application (NS) at	Hagistejud Agent signature renum	4/34/96 DATE
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE —	1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, ELISE		1.2 NAME	
STREET ADDRESS	6213 IMPERIAL KEY	3216 ALCON AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP .	JAMPA FL	3216 ALCOT AVE PLANT CHY, PL33	566st-zip	
TITLE	VD	☐ DELETE	2 1 TITLE	Change 🔲 Addition
NAME •	JOHNS, MABEL		2.2 NAME	
STREET ADDRESS	6213 IMPERIAL KEY		2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL		2.4 C(TY - ST - Z)F	
TITLE	ST	DELETE	3 1 TIFLE .	Change Addition
NAME	JOHNS, ELISE		3.2 NAME	
STREET ADDRESS	6213 IMPERIAL KEY		3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - 2IF	
TITLE		☐ DELETE	4 1 TIFLE	☐ Cnange ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4 3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	Cnange Addition
NAME			5.2 NAME	200001833452 -05/22/9601004033
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZiP	***208.00 / [· ` `
TITLE		DELETE	6 1 TIFLE	Crange ☐ Addition
NAME			6.2 NAME	\mathcal{I}_{i}
STREET ADDRESS			6.3 STREET ADDRESS	9

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 directly 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 or changed, or open alkachment with an address.

64 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR DAINTED NAME OF SIGNING OFFICER OF DIRECTOR

/34/96 754-939

CR2E034 (12/95)