FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K73992 (5)	
A A A A A A A CALLET LINGUIS	
G.L. JOHNSON CO., INC.	
Principal Place of Business Mailing Address	
132824 WALSINGHAM RD 13824 WALSINGHAM RD	
LARGO FL 34644 US US	
	3. Date incorporated or Qualified 3a. Date of Last Report 03/15/1989 01/24/1995
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
26	59-2945053 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5. Certificate of Status Desired [] \$8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Re
28	Trust Fund Contribution L. Added to Fees
Zip Country Zip Country 25 29 30	y 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes □ No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
8	Name
JOHNSON, GEORGE L.	Street Address (P.O. Box Number is Not Acceptable)
13824 WALSINGHAM RD SUITE I	1
LARGO FL SARAA	
8.	City
or registered agent, or both, in the State of Florida. Such change was authorized by the confamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, speed or printed name of registered agent and the # applicable. INOTE: Registered Ag. 12. OFFICERS AND DIRECTORS 13.	ent signeture rejured when reinstating DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST DELETE 1.11TILL	
NAME JOHNSON, GEORGE L. 1.2 NAME	
INDIAN DOOKS BOLLEY	ET ADDRESS
City-St-ZiP INDIAN ROCKS BCH FL 1.4 city- Title D TOBLETE 2.1 Titul	
NAME JOHNSON, GEORGE L. 22 NAM	
STREET ADDRESS 70 GULF BLVD 23 STRE	ET ADDRESS:
CITY-SI-ZIP INDIAN ROCKS BCH FL 24 DITY-	
TITLE DELETE 3 1 TITLE	
	ET ADDRESS
CITY-S1-ZIP 34 CITY-	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 42 NAMI	
	ET ADDRESS
CITY-S1-7/P 44 CITY- TITLE DELETE 5 1 TITLE	
NAME 52 NAMI	
STREET ADDRESS 53 STRE	ET ADDRESS
CITY-S1-7IP 54 CITY	
TITLE DELETE 6.1 TITLE	
NAME 62 NAMI	
	ET ADDRESS
CITY-S1-ZIP 64 CITY 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do	

(813) 596-2029

CR2E034 (12/95)