## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

27

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City & State

Zip

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

22

23

24

Zip

City & State

K76074

(9)

R.F. JOHNSON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address				
423 SO HYDE PARK TAMPA FL 33606 US	423 S HYDE PARK Tampa FL 33606 US				
2. Principal Place of Business	2a. Mailing Address				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

Country

9. Name and Address of Current Registered Agent

25

JOHNSON, ROBERT F JR **85 LODOGA AVE** 

**FILED** Feb 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

X Yes

Not Applicable

3. Date Incorporated or Qualified

03/28/1989

59-2939358

5. Certificate of Status Desired

6, Election Campaign Financing

Personal Property Tax due June 30. 10. Name and Address of New Registered Agent

Trust Fund Contribution

			82 Street Address (P.O. Box Number is Not Acceptable)						
IAN	MPA FL 33606	83		5 245009a					
		-			7:-1				
		84	City	FL	85	Zip C	ode		
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 life if applicable. (NOTE Registered  12. OFFICERS AND DIRECTORS  13.			ered Agent signature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE		I TITLE		ADDITIONS/GHANGES TO OFFICERS AND	Cha		Addition		
NAME		NAME							
STREET ADDRESS			ADDRESS						
CITY-ST-ZIP	WARANA MI	4 CITY - S							
TITLE		TITLE	1-5IF		Cha	nge	Addition		
NAME		NAME				•	_		
STREET ADDRESS			ADDRESS						
CITY-ST-ZIP	MALANA MI	4 CITY-S							
TITLE		1 TITLE	1.511		Cha	nge	Addition		
NAME		NAME				_	_		
STREET ADDRESS	3.	STREET	ADDRESS				!		
CITY-ST-ZIP		I. CITY-S							
TITLE		TITLE			☐ Cha	nge	Addition		
NAME	4.	2 NAME							
STREET ADDRESS	43	STREET	ADDRESS						
CITY-ST-ZIP	4.	CITY-S	[-ZiP						
TITLE	DELETE 5:	TITLE			Chai	nge	Addition		
NAME	5.	NAME							
STREET ADDRESS	5.3	STREET	address						
CITY-ST-ZIP	5	CITY-S	- ZIP						
TITLE	DELETE 6.	TITLE			☐ Cha	nge	Addition		
NAME	6.	NAME							
STREET ADDRESS	6.3	STREET	ADDRESS						
CITY-ST-ZIP		CITY-S							
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated as this appeal and the section of the section									
indicated on this annual report or supplemental annual report is youe 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 of 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 in all annual report is youe and accurate and that my name appears in									

Country

Name

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