

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K76938

(5)

1. Corporation Name
JOHNWIN, INC.

Principal Place of Business

**2432 JOSE CIRCLE S.
JACKSONVILLE FL 32217
US**

Mailing Address

**2432 JOSE CIRCLE S.
JACKSONVILLE FL 32217
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**THAGGARD, NEILL A I
2432 JOSE CIR SO
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified
03/29/1989

3a. Date of Last Report
07/18/1995

4. FEI Number
59-2939720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

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 607.0602 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 *Neill A. Thaggard II*

Date of Signature (Month/Day/Year)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DE-FE

**VP
THAGGARD, CRAIG W
2432 JOSE CIRCLE S.
JACKSONVILLE FL 32217**

12.2 NAME ☐ DE-FE

**PT
THAGGARD, NEILL A I
2432 JOSE CIRCLE S.
JACKSONVILLE FL 32217**

12.3 NAME ☐ DE-FE

**S
WILSON, MARY R
2432 JOSE CIRCLE S.
JACKSONVILLE FL 32217**

12.4 NAME ☐ DE-FE

12.5 NAME ☐ DE-FE

12.6 NAME ☐ DE-FE

12.7 NAME ☐ DE-FE

12.8 NAME ☐ DE-FE

12.9 NAME ☐ DE-FE

12.10 NAME ☐ DE-FE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 STREET ADDRESS

13.3 CITY, ST, ZIP

13.4 TITLE

13.5 NAME

13.6 STREET ADDRESS

13.7 CITY, ST, ZIP

13.8 TITLE

13.9 NAME

13.10 STREET ADDRESS

13.11 CITY, ST, ZIP

13.12 TITLE

13.13 NAME

13.14 STREET ADDRESS

13.15 CITY, ST, ZIP

13.16 TITLE

13.17 NAME

13.18 STREET ADDRESS

13.19 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: *Neill A. Thaggard II* **Neill A. Thaggard II** **Pres 2-26-96** **904 7331996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)