

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K88244

1. Corporation Name

M.A. JOHNSTON CONSTRUCTION, INC.

Principal Place of Business

% MARK A. JOHNSTON
4777 DOLPHIN DR
LAKE WORTH FL 33463-8154

Mailing Address

% MARK A. JOHNSTON
4777 DOLPHIN DR
LAKE WORTH FL 33463-8154

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90016 048 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1989

2. Principal Place of Business

21 Mark A. Johnston
Suite, Apt. #, etc.

22 14780 Stirrup Lane
City & State

23 Wellington Florida
Zip Country

24 33414 25 U.S.A.

2a. Mailing Address

26 Mark A Johnston
Suite, Apt. #, etc.

27 14780 Stirrup Lane
City & State

28 Wellington, Florida
Zip Country

29 33414 30 U.S.A.

4. FEI Number

65-0134838

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

JOHNSTON, MARK A.
4777 DOLPHIN DR
LAKE WORTH FL

10. Name and Address of New Registered Agent

81 Name

Mark A. Johnston

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

14780 Stirrup Lane

83

84 City

Wellington

FL

85 Zip Code

33414

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSTON, MARK A.
STREET ADDRESS 4777 DOLPHIN DR
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE V
NAME JOHNSTON, JUDY I.
STREET ADDRESS 4777 DOLPHIN DRIVE
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Mark A. Johnston
1.3 STREET ADDRESS 14780 Stirrup Lane
1.4 CITY-ST-ZIP Wellington Florida 33414

☒ Change

☐ Addition

2.1 TITLE V
2.2 NAME Judy I Johnston
2.3 STREET ADDRESS 14780 Stirrup Lane
2.4 CITY-ST-ZIP Wellington Florida 33414

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby 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 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, with all other like empowered.

SIGNATURE:

Mark A. Johnston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-99

Date

561-792-8398

Daytime Phone #

0031945

CR2E034 (1/1/98)