FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38651 (8)

1. Corporation Name
JOHNSON-BRINSON PROJECT, INC.

Principal Place of Business	Mailing Address
ROUTE 3 BOX 80-2 GREENVILLE FL 32331 US	P. O. DRAWER 590 MADISON FL 32340 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1990
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0232935 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 1534 SW Parramore St	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Madison FL	City & State 28
Zip 24 32340 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent

DUKES, DAVID
14214 SW 109 PLACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name: Dukes, David
82 Street Address (P.O. Box Number is Not Acceptable): 1534 SW Parramore ST
83
84 City: Madison FL 85 Zip Code: 32340

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE	P/C	☒ Change ☐ Addition
NAME	MORTON, EVELYN	1.2 NAME	Williams, Robby	
STREET ADDRESS	1208 SE THOMPKIN ST	1.3 STREET ADDRESS	402 Merritt Dr.	
CITY-ST-ZIP	MADISON FL	1.4 CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	HONEYWELL, CATHERINE	2.2 NAME		
STREET ADDRESS	1420 SW LEE ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D/T	☒ Change ☐ Addition
NAME	DUKES, DAVID	3.2 NAME	Dukes, David	
STREET ADDRESS	14214 SW 109 PL	3.3 STREET ADDRESS	1534 SW Parramore St.	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	4.1 TITLE	S/T	☒ Change ☐ Addition
NAME	MOORE, RONNIE	4.2 NAME	Turner, Edna	
STREET ADDRESS	ROUTE 3 BOX 80-D	4.3 STREET ADDRESS	1208 SE Thompkin St.	
CITY-ST-ZIP	GREENVILLE FL	4.4 CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	WRIGHT, MATTIE L.	5.2 NAME	Hagan, VeETTa	
STREET ADDRESS	RTE. 3 BOX 1570	5.3 STREET ADDRESS	1384 Booker Ave.	
CITY-ST-ZIP	MADISON FL	5.4 CITY-ST-ZIP	Madison, FL 32340	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	EDWARDS, JANIE	6.2 NAME	Morton, Evelyn	
STREET ADDRESS	900 E. COUNTY CAMP RD.	6.3 STREET ADDRESS	1208 SE Thompkin St	
CITY-ST-ZIP	MADISON FL	6.4 CITY-ST-ZIP	Madison, FL 32340	

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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David Dukes David Dukes 4-28-95 904-973-4892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000N077