

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38651 (8)

1. Corporation Name

JOHNSON-BRINSON PROJECT, INC.

Principal Place of Business

Mailing Address

1534 S.W. PARRAMORE ST
MADISON FL 32340
US

P. O. DRAWER 590
MADISON FL 32340
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

05/01/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No ☐

10. Name and Address of New Registered Agent

DUKES, DAVID
1534 S.W. PARRAMORE ST
MADISON FL 32340

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 617.0502 and 617.1508, 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 617.0503, 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 PC ☐ DELETE
NAME WILLIAMS, ROBBY
STREET ADDRESS 402 MERRITT DR
CITY-ST-ZIP MADISON FL

TITLE D ☐ DELETE
NAME HONEYWELL, CATHERINE
STREET ADDRESS 1420 SW LEE ST.
CITY-ST-ZIP MADISON FL

TITLE DT ☐ DELETE
NAME DUKES, DAVID
STREET ADDRESS 1534 S.W. PARRAMORE ST
CITY-ST-ZIP MADISON FL

TITLE DS ☐ DELETE
NAME TURNER, EDNA
STREET ADDRESS 1208 S.E. THOMPSON ST
CITY-ST-ZIP MADISON FL

TITLE D ☐ DELETE
NAME HAGAN, VETTA
STREET ADDRESS 1304 BOOKER AVE
CITY-ST-ZIP MADISON FL

TITLE D ☒ DELETE
NAME MORTON, EVELYN
STREET ADDRESS 1208 S.E. THOMPSON ST
CITY-ST-ZIP MADISON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Williams, Robby
1.3 STREET ADDRESS 402 Merritt Dr.
1.4 CITY-ST-ZIP Madison, FL 32340

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D/P/C
3.3 STREET ADDRESS Dukes, David
1534 SW Parramore St.
3.4 CITY-ST-ZIP Madison, FL 32340

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

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

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ~~D~~ Andrews, Jenny
6.3 STREET ADDRESS 1534 SW Parramore St.
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

(904) 973-4892

Daytime Phone #

CP2E037 (12/95)