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FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1534 S.W. PARRAMORE ST
MADISON FL 32340
US

Mailing Address

P. O. DRAWER 590
MADISON FL 32341-0590
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/15/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0232935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

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

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 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 D
NAME WILLIAMS, ROBBY
STREET ADDRESS 402 MERRITT DR
CITY- ST- ZIP MADISON FL
☒ DELETETITLE D
NAME HONEYWELL, CATHERINE
STREET ADDRESS 1420 SW LEE ST.
CITY- ST- ZIP MADISON FL
☒ DELETETITLE DPC
NAME DUKES, DAVID
STREET ADDRESS 1534 S.W. PARRAMORE ST
CITY- ST- ZIP MADISON FL
☐ DELETETITLE DS
NAME TURNER, EDNA
STREET ADDRESS 1208 S.E. THOMPSON ST
CITY- ST- ZIP MADISON FL
☐ DELETETITLE D
NAME HAGAN, VETTA
STREET ADDRESS 1304 BOOKER AVE
CITY- ST- ZIP MADISON FL
☒ DELETETITLE D
NAME ANDREWS, JENNY
STREET ADDRESS 1534 SW PARRAMORE ST
CITY- ST- ZIP MADISON FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Tookes, Octavious Lamar
1.3 STREET ADDRESS 1534 SW Parramore St.
1.4 CITY- ST- ZIP Madison, FL 32340
☐ Change ☒ Addition2.1 TITLE D
2.2 NAME Frazier, Windford
2.3 STREET ADDRESS 1534 SW Parramore St.
2.4 CITY- ST- ZIP Madison, FL 32340
☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

14. I do 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 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

4-30-97

(904) 993-4892

CR2E037 (9/96)