

# 2002 UNIFORM BUSINESS REPORT (UBR)

8/4

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030665

1. Entity Name  
F. A. JOHNSTON, INC.

Principal Place of Business  
701 SOUTH FIFTH ST.  
MACLENNY FL 32063

Mailing Address  
701 SOUTH FIFTH ST.  
MACLENNY FL 32063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSTON, FELIX A III  
701 SOUTH FIFTH ST.  
MACLENNY FL 32063

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$550.00**  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D JOHNSTON, FELIX A III  
701 SOUTH FIFTH ST.  
MACLENNY FL 32063 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

21 9/18/02

*Attachment*  
F.A. JOHNSTON, INC.  
701 S. 5TH STREET  
P.O. BOX 1495  
MACCLENNY, FL 32063

*42442*  
*#P0100030665*

July 29, 2002

STATE OF FLORIDA

To whom it may concern,

This letter is to explain the delay in filing of my annual corporation paperwork. I did not receive the first notice from your offices for one very simple reason, it was not sent to my mailing address. Also it is my first time doing this so I was unaware of the filing to inquire with the state on the status of my form until I fortunately received the second notice. We do not have mail delivered to our physical address, and occasional mail addressed to our physical location does make it to the store, and some is returned or misplaced. My correct mailing address is P.O. BOX 1495 please make a note to correct the address on my file.

Sincerely,



Felix A. Johnston  
President F.A. JOHNSTON, INC.  
F.A. JOHNSTON, INC.