

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030665

Entity Name: F. A. JOHNSTON, INC.

FILED  
Jun 29, 2009  
Secretary of State

**Current Principal Place of Business:**

701 SOUTH FIFTH ST.  
MACCLENNY, FL 32063

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1495  
MACCLENNY, FL 32063

**New Mailing Address:**

701 SOUTH FIFTH ST.  
MACCLENNY, FL 32063

FEI Number: 59-3712765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSTON, FELIX A III  
Address: 701 SOUTH FIFTH ST.  
City-St-Zip: MACCLENNY, FL 32063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELIX ANDREW JOHNSTON III

CEO

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date