FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P32671** **(0)**

1. Corporation Name

BUD JOHNSON ENTERPRISES, INC.

Principal Place of Business
220 N. FOURTH STREET
ROCKFORD IL 61107

Mailing Address
220 N. FOURTH STREET
ROCKFORD IL 61107

3. Date Incorporated or Qualified: **01/28/1991**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **36-2480537** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

LUCKIE, CHARLIE J
242 HOWELL AVE
BROOKSVILLE FL 34601

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 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 ______ NOTE: Registered Agent signature required when reinstating ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	JOHNSON, ARTHUR L.	
STREET ADDRESS	220 N. FOURTH ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	DV	☐ DELETE
NAME	STENGER, DONALD	
STREET ADDRESS	220 N. FOURTH ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	D	☐ DELETE
NAME	SCHOONOVER, BUD	
STREET ADDRESS	220 N. FOURTH ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	S	☐ DELETE
NAME	MOORE, BRENDA	
STREET ADDRESS	220 N. FOURTH ST	
CITY-ST-ZIP	ROCKFORD IL	
TITLE	V	☐ DELETE
NAME	GILOY, BEVERLY	
STREET ADDRESS	220 N. FOURTH ST.	
CITY-ST-ZIP	ROCKFORD IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly Giloy Beverly Giloy VP Finance 2/5/96 (815)968-7557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)