


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-2480537	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	6. This corporation has has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LUCKIE, CHARLIE J 242 HOWELL AVE BROOKSVILLE FL 34801				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT JOHNSON, ARTHUR L. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Terry K. Field <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ARTHUR L.	1.2 NAME	220 N. Fourth St.
STREET ADDRESS	220 N. FOURTH ST.	1.3 STREET ADDRESS	Rockford, IL
CITY-ST-ZIP	ROCKFORD IL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STENGER, DONALD	2.2 NAME	
STREET ADDRESS	220 N. FOURTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SCHOONOVER, BUD	3.2 NAME	
STREET ADDRESS	220 N. FOURTH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MOORE, BRENDA	4.2 NAME	
STREET ADDRESS	220 N. FOURTH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILOY, BEVERLY	5.2 NAME	Judi De La Ronde
STREET ADDRESS	220 N. FOURTH ST.	5.3 STREET ADDRESS	220 N. Fourth St.
CITY-ST-ZIP	ROCKFORD IL	5.4 CITY-ST-ZIP	Rockford, IL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Judi De La Ronde *Judi De La Ronde* 2/11/98 (615) 968-7557

CR2E034 (10/97)