

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90095 007 ***150.00

DOCUMENT # P32671

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

3. Date Incorporated or Qualified

01/28/1991

4. FEI Number

~~36-2480537~~ 36-4265225

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 213 N. Third Street
Suite, Apt. #, etc.

2a. Mailing Address

26 213 N. Third Street
Suite, Apt. #, etc.

City & State

23 Rockford, IL

City & State

28 Rockford, IL

Zip Country

24 61107 25 USA

Zip Country

29 61107 30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME FIELD, TERRY K
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 DE LA RONDE, JUDI
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 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, with all other like empowered.

SIGNATURE:

TERRY K FIELD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99

(815) 968-7557

Date

Daytime Phone #

CR2E034 (1/198)