

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P33058 (9)

1. Corporation Name

JOHNSON LAND CO.

FILED

95 JAN 25 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
C/O R.E. SAXON P.O. BOX 423846 KISSIMMEE FL 34742-3846		C/O R.E. SAXON P.O. BOX 423846 KISSIMMEE FL 34742-3846		02/22/1991		02/21/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-2842243		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

WILSON, KERRY M.
141 5TH ST. N.W. SUITE 300
WINTER HAVEN FL 33883

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTC	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RICHARD G.	1.2 NAME	
STREET ADDRESS	6395 E. DIVISION	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWAYGO MI	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	CULVER, FRED C., JR.	2.2 NAME	
STREET ADDRESS	600 TERRACE PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MUSKEGON MI	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SAXON, R.E.	3.2 NAME	
STREET ADDRESS	PO BOX 423846	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 46	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date