

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33058 (9)
1. Corporation Name
JOHNSON LAND CO.



Principal Place of Business C/O R.E. SAXON P.O. BOX 423846 KISSIMMEE FL 34742-3846	Mailing Address C/O R.E. SAXON P.O. BOX 423846 KISSIMMEE FL 34742-3846
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3. Date Incorporated or Qualified 02/22/1991	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 38-2842243 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. 199.03? Florida Statutes Yes No
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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 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTC JOHNSON, RICHARD G. 6305 E. DIVISION NEWAYGO MI [] DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD CULVER, FRED C., JR. 600 TERRACE PLAZA MUSKEGON MI [] DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S SAXON, R.E. PO BOX 423846 KISSIMMEE FL 46 [] DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP S R.E. SAXON 24 N BERMUDA AVE KISSIMMEE FL 34741 [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP [] DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP [] Change [] Addition

14. I do 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 application for 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 _____

CR2E034 (9/96)