

DOCUMENT # P33058

1. Entity 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

2. Principal Place of Business

150 W. OAK ST
Suite, Apt. #, etc.

3. Mailing Address

150 W. OAK ST
Suite, Apt. #, etc.

City & State

KISSIMMEE, FL
Zip 34741 Country

City & State

KISSIMMEE, FL
Zip 34741 Country

4. FEI Number 38-2842243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAXON, R E
150 W. OAK ST
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTC	JOHNSON, RICHARD G.	6395 E. DIVISION	NEWAYGO MI	
SD	CULVER, FRED C., JR.	600 TERRACE PLAZA	MUSKEGON MI	
S	SAXON, R E	150 W OAK ST	KISSIMMEE FL 34741	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RE SAXON

Date

1-4-1

Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90041 046 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)