FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37835** **(6)**

1. Corporation Name
FORTUNE - JOHNSON, INC.

Principal Place of Business	Mailing Address
3980 FLOWERS RD STE 610 ATLANTA GE 30360 US	3980 FLOWERS RD STE 610 ATLANTA GA 30360 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/06/1992**
3a. Date of Last Report: **03/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **58-1948797** ☐ 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALLDIN, KATHY
677 GREYWOOD DR.,
ALTAMONTE SPRINGS FL 32701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	Treasurer ☐ Change ☒ Addition
NAME	JOHNSON, H. LEE	12 NAME	William B. Carpenter
STREET ADDRESS	4605 KARLS GATE DR.	13 STREET ADDRESS	3090 Abbotts Point Drive
CITY-ST-ZIP	MARIETTA GA	14 CITY-ST-ZIP	Duluth, GA 30136
TITLE	VCV	21 TITLE	☐ Change ☐ Addition
NAME	FORTUNE, J. BRETT	22 NAME	
STREET ADDRESS	9530 RED BIRD LA.	23 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BENNETT, LARRY	32 NAME	
STREET ADDRESS	2889 BAKERS FARM	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	TS	41 TITLE	☐ Change ☐ Addition
NAME	FORTUNE, J. BRETT	42 NAME	
STREET ADDRESS	9530 RED BIRD LA.	43 STREET ADDRESS	
CITY-ST-ZIP	SLPHSTRYYS HS	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Wm. B. Carpenter — April 14, 1995 — (404) 458-5899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William B. Carpenter, Treasurer

0500158 PP