

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P39249** (8)

1. Corporation Name  
**967139 ONTARIO, INC.**



Principal Place of Business: **239 WHALEN STREET THUNDER BAY, ONTARIO CANADA P7A 7H9**  
Mailing Address: **239 WHALEN STREET THUNDER BAY, ONTARIO CANADA P7A 7H9**

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

3. Date Incorporated or Qualified: **06/12/1992**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **98-0126908**  
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  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent  
**KNOWLES, JAMES WM.  
2812 MANATEE AVE., W.  
BRADENTON FL 34205**

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

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAY

12. OFFICERS AND DIRECTORS

TITLE	PTO	<input type="checkbox"/> DELETE
NAME	JOHNSON, CLARENCE A.	
STREET ADDRESS	239 WHALEN STREET	
CITY-ST-ZIP	THUNDER BAY, ONTARIO	
TITLE	VSO	<input type="checkbox"/> DELETE
NAME	JOHNSON, JEAN M.	
STREET ADDRESS	239 WHALEN STREET	
CITY-ST-ZIP	THUNDER BAY, ONTARIO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 registered trustee or power of attorney holder as reported or required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached schedule, as applicable.

SIGNATURE: *C. A. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28/96  
807-345-0531

CR2E034 (12/95)