3-19-98 B 3445 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000001221 (9)

JOHNSON'S SERVICES, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		1 (54150) 119 (2184 1111) 28/11 00(11) 93111 03111 04	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23988 US HWY 19 N	23988 US HWY 19 N			
CLEARWATER FL 34825"	CLEARWATER FL 34825	_	DO NOT WRITE IN THIS	SPACE
US 33.765	US 3376	>	3. Date Incorporated or Qualified	
			12/31/1992	
2. Principal Place of Business	2a, Mailing Address	······································	4. FEI Number	Applied For
, `	26		59-3157840	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	713000	Country	8. This corporation owes or has paid the cu	
24 <i>33765</i> 25	29 35765 3	0		75 Yes □ No
g, Name and Address of Current Re	igistered Agent		10. Name and Address of New Registered	Agent
FRANKLIN W JOHNSON		81 Name		
23988 US 19 NORTH		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34625				
		83		
		84 City		85 Zip Code
		84 City	Fl	_ 65 210 0000
11. Pursuant to the provisions of Sections 607.0502 and	id 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of F agent. I am lamiliar with, and accept the obligation	Iorida, Such change was aut is of Section 607 0505, Flori	thorized by the corporat da Statules	tion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE Signature Typied or printed name of trop time Capetitian	this diapplicable (NOTE F	Registered Agent signature requi	fred when reinstaling) DATE	
12. OFFICERS AND DE	RECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TIFLE VD	☐ DELETE	1.1 TITLE		Change Addition
NAME JOHNSON, JEAN A		1.2 NAME	,	,
STREET ADDRESS 412 4TH AVENUE NORTH		1.3 STREET ADDRESS		
CRY-ST-ZIP TIERRA VERDE FL 33715		1.4 CITY - ST - ZIP		
TITLE PTD	☐ DETE IE	2.1 TITLE		Change Addition
NAME JOHNSON, FRANKLIN W		22 NAME	8907 124TSTREET 1	V i
STREET ADDRESS 2910 50TH AVENUE SOUTH		2.3 STREET ADDRESS		*/
CITY-ST-ZIP ST. PETERSBURG FL 33712			CEMINIALE EL 337	72
CO.		2.4 CITY-ST-ZIP	8907 124 th STREET 1 SEMINOLE, FL 337	72
TITLE SD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	SEMINOLE, FL 337	72
I 77	DILETE		SEMINOLE, FL 337	
40.0.000	DELETE	3.1 TITLE	SEMINOLE, FL 337	
NAME JOHNSON, MARTHA F STREET ADDRESS 412 4TH AVENUE NORTH	DILETE	3.1 TITLE 3.2 NAME	SEMINOLE, FL 337	
NAME JOHNSON, MARTHA F	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	SEMINOLE, FL 337	
NAME STREET ADDRESS CITY-ST-ZIP JOHNSON, MARTHA F 412 4TH AVENUE NORTH TIERRA VERDE FL 33715	_	3.1 TITLE 3.2 NAME 3.9 STREET ADDRESS 3.4. CITY-ST-ZIP	SEMINOLE, FL 337	Change Addition
NAME JOHNSON, MARTHA F STREET ADDRESS CITY-ST-ZIP TITLE NAME JOHNSON, MARTHA F 412 4TH AVENUE NORTH TIERRA VERDE FL 33715	_	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE	SEMINOLE, FL 337	Change Addition
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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 cath; 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:

03-12-98

813 1960441