' 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022329

JOHNSON EZELL CORPORATION

Mailing Address Principal Place of Business 18167 US HWY 19 N. 18167 US HWY 19 N. STE. 660 STE. 660 CL US

FILED May 01, 2000 8:00 am Secretary of State

05-01-2000 90059 001 ***150.00

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Principal Place of Business 3. Mailing Address										
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9	City & State			4	1. FEI Number	59-317410)6	<u> </u>	· · · · · · · · · · · · · · · · · · ·	}
Country	Zip	Zip Countr			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current I	Registered Agent			7	7. Name and A	ddress of New	Registered	Agent]
			Name							ı
EZELL, NEIL 18167 U.S. HIGHWAY 19 NORTH STE 660 CLEARWATER FL 34624			Street Address (P.O. Box Number is Not Acceptable)							1
			City				FL	Zip Co	de 4-6569	}
named entity submits this statement for	the purpose of changing its	registere	ed office or reg	gistered	agent, or both,	in the State of F	lorida.			
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Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registere	d Agent signature re	equired wh	en reinstating)		DATE			_
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OFFICERS AND	DIRECTORS	12.			ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTO	RS IN 11	┨,
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	Country 6. Name and Address of Current I L, NEIL 7 U.S. HIGHWAY 19 NORTH 660 ARWATER FL 34624 named entity submits this statement for Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND DC JOHNSON, KELLY R 18167 US HWY 19 N., STE. 660 CLEARWATER FL DP EZELL, NEIL 18167 US HWY 19 N., STE. 660 CLEARWATER FL	ace of Business 3. Mailing Address #, etc. Suita, Apt. #, etc. City & State Country 7. U.S. HIGHWAY 19 NORTH 660 ARWATER FL 34624 named entity submits this statement for the purpose of changing its Signature, typed or printed name of registered agent and title if applicable. (NOT) Praction is eligible to satisfy its Intangible equirement and elects to do so. Ia on back) OFFICERS AND DIRECTORS DC JOHNSON, KELLY R 18167 US HWY 19 N., STE. 660 CLEARWATER FL DP Delete Delete Delete Delete	ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc.	ace of Business 3. 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After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State DC OFFICERS AND DIRECTORS DC Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	is ace of Business 3. Mailing Address 4. FEI Number Country Zip Country 5. Cartificate of 6. Name and Address of Current Registered Agent 7. Name and A Name Name Street Address (PO. Box Number is Street Address (PO. Box Number is City City City City City City City City City Anamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, or both of the purpose of changing its registered office or registered agent, or both, or both of the purpose of changing its registered office or registered agent, or both, or both of the purpose of changing its registered office or registered agent, or both, or both of the purpose of changing its registered office or registered agent, or both, or both of the purpose of changing its registered office or registered agent, or both, or both or both or both or both or both or both of the purpose of changing its registered office or registered agent, or both, or both or bot	US 3. Mailing Address 4. FEI Number 59-317410 Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Name 1. NEIL 7. U.S. HIGHWAY 19 NORTH 600 RWATER FL 34624 City Anamed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of F Signature, typed or prevent name or registered agent and list of application. (CITE Projectional Agent signature required agent, or both, in the State of F Signature, typed or prevent name or registered agent and list of application. (COTTE Projectional Agent signature required agent, or both, in the State of F Signature, typed or prevent name or registered agent agent and list of application. (COTTE Projectional Agent signature required when remaining) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS DC OFFICERS AND DIRECTORS 12. 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Name Sepative, type of pread name of left legistered Agent secured received spent, or both, in the State of Florida. Name and Address of New Registered Agent Name and Address of Note Registered Agent Name and Address of New Registered Agen	A Mailing Address 3. Mailing Address 4. FEI Number 59-3174106 Country Country Zip Country S. Certificate of Status Desired Sea Required 6. Name and Address of Current Registered Agent 7. Name and Address of Current Registered Agent Name Name

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 530-5522

Daytime Phone #