FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000027420 (7)**

1. Corporation Name

K-T JOHNSON, INC.

Principal Place of Business	Mailing Address
1101 GULF BREEZE PARKWAY SUITE 122 GULF BREEZE FL 32561 US	1101 GULF BREEZE PARKWAY SUITE 122 GULF BREEZE FL 32561 US

3. Date Incorporated or Qualified: **04/08/1993**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-3181088** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3067 GULFBREEZE PKWY	26 P.O. BOX 562
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GULF BREEZE, FL	City & State 28 GULF BREEZE, FL
Zip 24 32561 Country 25 SANTA ROSA	Zip 29 32562 Country 30 SANTA ROSA

9. Name and Address of Current Registered Agent

JOHNSON, DAVID W
4002 MADURA EIGHT
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: DAVID W. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): 2921 INVERNESS PL
83
84 City: PENSACOLA FL 85 Zip Code: 32504

11. Pursuant to the provisions of Sections 607.0502 and 607.1406, 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 approved 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: David W. Johnson DATE: 3/9/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DAVID W.		12 NAME	P DAVID W. JOHNSON
STREET ADDRESS	4002 MADURA EIGHT		13 STREET ADDRESS	2921 INVERNESS PL
CITY-ST-ZIP	GULF BREEZE FL		14 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, SANDRA T.		22 NAME	ST SANDRA T. JOHNSON
STREET ADDRESS	4002 MADURA EIGHT		23 STREET ADDRESS	2921 INVERNESS PL
CITY-ST-ZIP	GULF BREEZE FL		24 CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report 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 alteration.

SIGNATURE: David W. Johnson DAVID W. JOHNSON 3/9/96 934-5211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone