FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027420 (7)

K-T JOHNSON, INC.

Lam an officer or director of the appears in Block 12 or Block

SIGNATURE:

Principal Piace 3067 GULF REE GULF BREEZE I	ZE PKWY	Mailing Address PO BOX 562 GULF BREEZE FL 32562-0562			
2. Principal Place of Business		US		3. Date Incorporated or Qualified 04/08/1993	3a. Date of Last Report 04/02/1996
	ROSEMON DE	2a. Mailing Address 26		4. FEI Number 59-3181088	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ACOLA, FL	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
71D 24 325	Country 25 9. Name and Address of Current	Zip 29	Country 30	8. This corporation has liability for in	ntangible tax under s. 199.032,
2921 PENS	NSON, DAVID W INVERNESS PLACE SACOLA FL 32504	and 607 1508. Florida Stabile	81 Name D 82 Street add 83 84 City ss, the above-named corr	AVID W. JOHNS ress (P.O. Bax Number is Not Acceptable OO ROSE MOUT NSACOLA poration submits this statement for the pu	FL 85 Zip Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the Stato on familiar with, and accept the obligation	of Florida. Such change was a Fons of, Section 607.0505, Flo	uthorized by the corpora irida Statutes.	tion's board of directors. I hereby accep	t the appointment as registered
12.	Sujeanice, 15 oct or pointed nation of register, diager OFFICERS AND		Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDS AND DIDECTORS IN 12
112. Thit	P	DELETE	1.1 TULE	ADDITIONS/CHANGES TO OFFICE	Change Addition
N/AME	JOHNSON, DAVID W.	Land Western	1.2 NAME		
STREET ADDRESS	2921 INVERNESS PLACE		1.3 STREET ADDRESS		
C-1Y-S1-24P	PENSACOLA FL		1.4 CITY-ST-ZIP		
THE	ST	DELETE	21 TITLE		Change Addition
NAME:	JOHNSON, SANDRA T.	Brevet	2.2 NAME		
STREET ADDRESS	2921 INVERNESS PLACE		2.3 STREET ADDRESS	•	
CHY-SE ZP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TRUE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
C 1Y S1 7/P			3.4. CITY - \$1 - ZIP		
Taile		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C!11 - ST- ZIF			4.4 CITY - ST - ZIP		
TI"(F		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ACCESS			5.3 STREET ADDRESS		
Citi - ST - ZIP			5.4 CITY - ST - ZIP		
TILLE		☐ DELETE	6.1 TITLE		Change Add-tion
NAME			6.2 NAME		
STEEL FADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIF			6.4 CITY - ST - ZIP		
information	ri indicated on this annual regulat or se	applemental annual report is tr	ue and accurate and tha	d in Section 119.07(3)(i), Florida Statutes it my signature shall have the same legal ort as required by Chapter 607, Florida Si	leffect as if made under oath; that