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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000029313 (2)

R. A. JOHNSON ENTERPRISES, INC.

FILED May 05 1998 8:00am Secretary of State

Change

Change

Addition |

Addition

2) )				IN 16060 10500 101At 11000 1(1) 1061
Principal Place of Business	Mailing Address			
2600 BAY ISLE DR SE ST PETERSBURG FL 33705	2600 E ISLE DR SE ST PETERSBURG FL	32706		
US	US		DO NOT WRITE IN THIS SPACE	
<b>V</b> -	•••		3. Date Incorporated or Qualified	THO STAGE
			04/01/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1 5857 HAINES ROAD	26 2600 E.	BAY ISE DRSE	59-3178651	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		8. Election Campaign Financing	\$5.00 May Be
3 57, Petersburg, P	Z 28		Trust Fund Contribution	Added to Fees
Zip Country 25 RUSA	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
	29	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	red Agent
JOHNSON, RICHARD A		B1 Name		
2600 E BAY ISLE DR SE			tress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
ST PETERSBURG FL 33705			area ( 15. 25. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	
		83		
		0.4		[45] 35 A-4
		84 City	i	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.03 office or registered agent or both in the 6ta agent. I am familiar with end accept the orificial section of the section o	te of Florida. Such change wa	as authorized by the cornors	ation's board of directors. I hereby accept the	appointment as registered
Sign recopyring of primited name of registered a		VOTE: Registered Agent signature requ		TE
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE U	☐ DELETE	1.1 TITLE		Change Addition
NAME JOHNSON, RICHARD A		1.2 NAME		
STREET ADDRESS 2600 E BAY ISLE DR SE		1.3 STREET ADDRESS		
ST PETERSBURG FL		1.4 CITY-ST-ZIP		
NTLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Additio
IAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY - ST - ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
NTY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		Change Additio
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 supplimental 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 address.

6.4 CITY-ST-ZIP

4,4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

Property of Marco of Marco

DELETE

DELETE