**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90080 008 \*\*\*150.00

1999

## DOCUMENT # P93000029313

R. A. JOHNSON ENTERPRISES, INC.

Principal Place of Business Mailing Address						1 100110011	f 1865/1881 til 18780 tilli 88til 88til 88til 88til 88til 88til 88til 1818 tilli 1818 tilli 1818 tilli 1818 til				
5857 HAINES RD ST PETERSBURG FL 33714		2600 E BAY ISLE DR SE ST PETERSBURG FL 33705									
US							DO NOT WRITE IN THIS SPACE				
						3. Date incorpora					
		10.00	Ld			04/01/1993 4. FEI Number	3	——————————————————————————————————————	Applied	LEor	
<b>-</b>	lace of Business	<u></u> ⊢ '	2a. Mailing Address			59-317865	.1		Not App		
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u> </u>		<u> </u>	5 Additi		
Suite, Apr. #, etc.			27			5. Certifcate of S	Status Desired	1 1 7 1	e Require		
City & State			City & State			6. Election Camp	paign Financing	_ \$5.	<b>00</b> May	Ве	
23		28	28			Trust Fund Co		Add	led to Fe	es	
Zip	Country	Zip	Zip Count			8. This corporation owes the current year Intangible		. 1			
24	25 29		30			Personal Prop		Yes	ŽĮΝ	lo	
	9. Name and Address of Curre	ent Registered Ager	nt	81	Nomo	10. Name and Ad	ddress of New Re	gistered Agent			
-IUI	NSON, RICHARD A			61	Name						
	) E BAY ISLE DR SE		82 Street			Address (P.O. Box Numb	dress (P.O. Box Number is Not Acceptable)				
ST PETERSBURG FL 33705				83							
Ų, i	ETEROPORTO TE GOT GO			[05]							
				84	City			FL  85	Zip Code	,	
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508, FI	orida Statutes.	, the above	-named	corporation submits this s	statement for the p	urpose of changin	g its regis	stered.	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such ch	ange was autr	lonzed by	tne corpo	oration's board of directors	s. I hereby accept	the appointment	is registe	red	
	in lamiliar with, and accept the oblig	ations of, Section of	77 .0000, 1 10110	a otalaics							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE: Re	egistered Agen	t signature r	equired when reinstating)		DATE			
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/C	HANGES TO OFF				
TITLE	D		DELETE	1.1 TITLE				☐ Cha	nge [_	] Addition	
NAME	JOHNSON, RICHARD A			1.2 NAME							
STREET ADDRESS	2600 E BAY ISLE DR SE			1.3 STREET	ADDRESS						
CITY-ST-ZIP	ST PETERSBURG FL			1.4 CITY-S	r-ZIP				<del></del>	7.4.437	
TITLE			) delete	2.1 TITLE				☐ Cha	nge L	Addition	
NAME	•			2.2 NAME							
STREET ADDRESS				2.3 STREE1	ADDRESS						
CITY-ST-ZIP			_	2, 4 CITY-9	T-ZIP					7 4 4 4 4 4 4 4 4 4	
TITLE	•		] DELETE	3.1 TITLE		2 , 11		☐ Cha	inge [	] Addition	
NAME				3.2 NAME		4. D	· ~				
STREET ADDRESS				3.3 STREET							
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STREET ADDRESS		•		4.3 STREET							
CITY-ST-ZIP		·	l priete	4.4 CITY-S	T-ZIP			Cha	nne T	Addition	
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NAME				5.2 NAME	. 40000000						
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CITY-ST-ZIP	-			5.4 CITY-S	1-4P					Addition	
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			DELETE	6.1 TITLE				☐ Cha	inge [_	_ Addition	
NAME STREET ADDRESS			] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	r Annorses			☐ Cha	inge ["	_ Addition	

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 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 one an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**