FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000033091 (8)

1. Corporation Name
JOHNSON SOUTHWEST, INC.

Principal Place of Business
18501 MURDOCK CIRCLE
SUITE 404
PORT CHARLOTTE FL 33948

Mailing Address
18501 MURDOCK CIRCLE
SUITE 404
PORT CHARLOTTE FL 33948-1067

3. Date Incorporated or Qualified: 05/06/1993
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 65-0412676 ☐ 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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 authorized 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P	☒ XX DELETE
NAME	MORRISON, STEVEN	
STREET ADDRESS	18501 MURDOCK CIRCLE, SUITE 404	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TD	☐ DELETE
NAME	GRANT, ARCHIE	
STREET ADDRESS	18501 MURDOCK CIRCLE, SUITE 404	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	S	☐ DELETE
NAME	TILTON, ANDREW	
STREET ADDRESS	18501 MURDOCK CIRCLE, SUITE 404	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/T/D	☐ Change ☒ XX Addition
1.2 NAME	Kenton R. Keiling	
1.3 STREET ADDRESS	736 Antalya Court	
1.4 CITY-ST-ZIP	Punta Gorda, Fl 33950	
2.1 TITLE	C/D	☒ XX Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☒ XX Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Andrew D. Tilton (signature) — Andrew D. Tilton — 3/13/97 — (941) 334-0046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407454