

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041962

1. Entity Name
JOHNSON-GRAHAM-MALONE, INC.

Principal Place of Business
9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256
US

Mailing Address
9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90142 028 ***150.00

0037014
AV



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3201363 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, MICHAEL W
9551 BAYMEADOWS RD
SUITE 18
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME JOHNSON, TED M
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL 32256

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SVT Delete
NAME GRAHAM, MICHAEL W
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P Delete
NAME MALONE, JAMES A III
STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 18
CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02 904-739-8996

Date

Daytime Phone #

CR2E034 (9/01)