

DOCUMENT # P93000051203

1. Entity Name

CUSTOM HOMES BY PRESTON JOHNSON, INC.

Principal Place of Business

82 US 90 EAST  
BALDWIN FL 32234  
US

Mailing Address

82 US 90 EAST  
BALDWIN FL 32234  
US

2. Principal Place of Business

82 US 90 EAST

Suite, Apt. #, etc.

B NONE

3. Mailing Address

82 US 90 EAST

Suite, Apt. #, etc.

NONE

City & State

Baldwin, FL

City & State

Baldwin, FL

Zip

32234

Country

Duval

Zip

32234

Country

Duval

6. Name and Address of Current Registered Agent

JOHNSON, PRESTON  
121 BRANDY BRANCH RD  
BALDWIN FL 32234

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, PRESTON	
STREET ADDRESS	82 US 90 EAST	
CITY-ST-ZIP	BALDWIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, JOANN	
STREET ADDRESS	82 US 90 EAST	
CITY-ST-ZIP	BALDWIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, BRIAN	
STREET ADDRESS	82 US 90 EAST	
CITY-ST-ZIP	BALDWIN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, COREY	
STREET ADDRESS	82 US 90 EAST	
CITY-ST-ZIP	BALDWIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90058 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3194042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E034 (10/00)