

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000053051 (7)**

1. Corporation Name

**HOWARD JOHNSON HEALTH CARE, INC.**



Principal Place of Business

Mailing Address

**1411 JOHNS ST  
BLOUNTSTOWN FL 32424**

**1411 JOHNS ST  
BLOUNTSTOWN FL 32424**

2. Principal Place of Business

2a. Mailing Address

21 **1411 Johns St.**  
Suite, Apt. #, etc.

26 **P.O. Box 776**  
Suite, Apt. #, etc.

22 **P.**  
City & State

27  
City & State

23 **Blountstown, FL.**

28 **Blountstown, FL.**

24 **32424** **Calhoun**

29 **32424** **Calhoun**

9. Name and Address of Current Registered Agent

**JOHNSON, HOWARD  
1411 JOHNS ST  
BLOUNTSTOWN FL 32424**

3. Date Incorporated or Qualified

**07/29/1993**

3a. Date of Last Report

**03/15/1995**

4. FEI Number

**59-3194520**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**Howard Johnson**

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

**1411 Johns St., P.O. Box 776**

83

84 City

**Blountstown**

**FL**

85

Zip Code

**32424**

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

Signature typed or printed name of registered agent and filer (if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, HOWARD S</b>	
STREET ADDRESS	<b>1411 JOHNS ST</b>	
CITY - ST - ZIP	<b>BLOUNTSTOWN FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, JEANETTE</b>	
STREET ADDRESS	<b>1411 JOHNS ST</b>	
CITY - ST - ZIP	<b>BLOUNTSTOWN FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN LIEHOP, DEBORAH</b>	
STREET ADDRESS	<b>725 DOGWOOD AVE</b>	
CITY - ST - ZIP	<b>BLOUNTSTOWN FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, HOWARD J</b>	
STREET ADDRESS	<b>1411 JOHNS ST</b>	
CITY - ST - ZIP	<b>BLOUNTSTOWN FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Howard Johnson, Sr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-96**

**(904) 674-8101**

Date

Daytime Phone

CR2E034 (12/95)