

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. HARRIS
GOVERNOR

APPROVED
AND
FILED

RECEIVED MAY 11 1995

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TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064152 (0)**

JOHNSON-BAYLOR, INC.

1823 N YOUNG BLVD
CHIEFLND FL 32626

RT 3 BOX 107
CHIEFLND FL 32626

DATE OF FILING: 10/27/1994

3. Date of Incorporation (or Date of 09/08/1993	3a. Date of Last Report 10/27/1994
4. FEI Number 59-3193093	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Multi-Report Filing Method Filing Schedule ☐ Yes ☒ No	

2. Principal Office (City, State, and Zip) 21	2a. Mailing Address 25
22. State of Principal Office 26	2b. State of Mailing Address 30
23. City and State of Principal Office 27	2c. City and State of Mailing Address 29
24. Name of Principal Office 28	2d. Name of Mailing Address 31

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, DAVID
RT 3 BOX 107
CHIEFLND FL 32626**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.02, Florida Statutes, the undersigned hereby certifies and warrants this statement for the purpose of changing its registered office as specified above in both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the responsibilities of the two (2) Florida Statutes.

SIGNATURE

12. Signature of the person who is the registered agent or the person who is the registered agent's authorized representative

13. Signature of the person who is the registered agent or the person who is the registered agent's authorized representative

12. SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT	13. SIGNATURE AND TITLE OF NEW REGISTERED AGENT
NAME: P JOHNSON, DAVID LCR 220 CHIEFLND FL 32626	1. NAME ☐ Change ☐ Add New
NAME: V BAYLOR, JIM LCR 321 CHIEFLND FL 32626	2. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	3. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	4. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	5. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	6. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	7. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	8. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	9. NAME ☐ Change ☐ Add New
NAME: ☐ Change ☐ Add New	10. NAME ☐ Change ☐ Add New

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information indicated in this filing is not a supplemental annual report or true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 1 of the report. I am not the agent with an address.

SIGNATURE:

David Johnson **DAVID JOHNSON 4-17**

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