

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:53

DOCUMENT # P93000064827 (7)

1. Corporation Name

CHARLES M. JOHNSON, INC.

Principal Place of Business

**1007 INGRAHAM AVENUE
DELRAY BEACH FL 33483**

Mailing Address

**1007 INGRAHAM AVENUE
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/13/1993

3a. Date of Last Report

04/07/1994

4. FEI Number

65-0441954

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**JOHNSON, CHARLES M
1007 INGRAHAM AVENUE
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **JOHNSON, CHARLES M**
STREET ADDRESS **1007 INGRAHAM AVENUE**
CITY - ST - ZIP **DELRAY BEACH FL 33483**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/95

407-272-2929