

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P93000073088 (5)

1. Corporation Name

PAUL JOHN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

214 ANNE STREET
ORLANDO FL 32806
US

214 ANNE ST.
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1993

4. FEI Number

65-0443086

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2900 E. Robinson

26 2900 E. Robinson St.

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, FL

28 Orlando, FL

Zip

Country

Zip

Country

24 32803

25 USA

29 32801

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOHLER, PAULETTE J
214 ANNE STREET
ORLANDO FL 32806

81 Name

Paulette J. Mohler

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

2900 E. Robinson Street

83

Orlando, FL 32803

84 City

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

PAULETTE MOHLER

(NOTE: Registered Agent signature required when reinstating)

3-12-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME P
STREET ADDRESS MOHLER, PAULETTE
CITY-ST-ZIP 9841 LAKE GEORGIA DR.
ORLANDO FL 32817

TITLE ☐ DELETE

NAME V
STREET ADDRESS GRANA, JENNIFER
CITY-ST-ZIP 2183 ST. ANDREWS CIR.
ORLANDO FL 32835

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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

PAULETTE MOHLER

3-12-98

407-895-5159

CR2E034 (10/97)