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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082289

1. Corporation Name

JOHN & JOHN, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90011 025 ***150.00

Principal Place of E	Business	Mailing Address			ŀ					
150 AZALEA DRIVE		PO BOX 5404								
STE 8A DESTIN FL 32540 DESTIN FL 32541 US						DO NOT W	DO NOT WRITE IN THIS SPACE			
US 00					<u> </u>	3. Date Incorporated or Qualit				
						12/01/1993				
2. Principal Place	of Business	2a. Mailing Address				4. FEI Number		App	lied For	
	irport Road	26 P O Box 5495				59-3211694		Not	Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.						\$8.75 A	dditional	
22 #121		27				5. Certificate of Status Desired	<u> </u>	Fee Rec	luired	
City & State		City & State				6. Election Campaign Financia	— g □	\$5.00	vlay Be	
23 Destin	. Elorida	28 Destin, Fl	•		-	Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country			8. This corporation owes the o	current year Inte			
32541	_/ 25Okaloosa	29 32540 30	0 <u>ka</u> :	loos	<u>a</u>	Personal Property Tax.		X Yes	□No	
9.	. Name and Address of Current I	Registered Agent		,		10. Name and Address of Ne	w Registered	Agent		
			81	Name						
	G, JOHN R		82	Street	Address	s (P.O. Box Number is Not Acce	entable)			
	RPORT RD.		-	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SUITE 12			83							
DESTIN F	FL 32541		0.4	0.		· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode	
			84	City			FL	85 Zip C	oue	
office or regist agent, I am far	ne provisions of Sections 607.0502 a tered agent, or both, in the State of miliar with, and accept the obligation	Florida, Such change was author	nzea ov	the com	corpora oration's	ation submits this statement for s board of directors. I hereby ac	the purpose of cept the appoi	changing its ntment as reg	egistered istered	
SIGNATURE	sture, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regs	sterød Age	nt signature r	required wh	hen reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE P		☐ DELETE	1.1 TITLE		P/9	ST		Change	Addition	
	JSHING, JOHN R		1.2 NAME							
STREET ADDRESS 123	34 AIRPORT RD., STE. 121	l I	1.3 STREE	T ADDRESS						
	STIN FL 32541	<u></u>	1.4 CITY-S	T-ZIP						
mle ST		₩ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	L EE; JOHN K.		22 NAME		-					
STREET ADDRESS 43	I S CALHOUN AVE		2.3 STREE	TADDRESS						
CITY-ST-ZIP DE	STIN FL 32541		2.4 CITY-	ST-ZIP	<u> </u>					
TITLE		☐ DELETE	3.1 TITLE					☐ Change	☐ Addition \	
NAME		1	3.2 NAME		1				j	
STREET ADDRESS										
CITY-ST-ZIP			3.3 STREE	TADORESS	;				}	
TITLE			3.3 STREE							
1								Change	☐ Addition	
NAME (☐ DELETE	3.4. CITY-				- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Change	Addition	
NAME STREET ADDRESS		☐ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME					Change	☐ Addition	
STREET ADDRESS		☐ DELETE	3.4. CITY-: 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP TADDRESS				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		□ DELETE	3.4. CITY- 4.1 TITLE 4. 2 NAME	ST-ZIP TADDRESS				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		□ DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ST-ZIP TADDRESS					_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ST-ZIP TADDRESS					_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	T ADDRESS					_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS					_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	11 Tools	☐ DELETE	3.4. CITY-5 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5	T ADDRESS				☐ 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 secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if enabled, or on an attachment with in address, with all other like empowered.

SIGNATURE:

JOHN TR. M. RUSHIT SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/8/99

850-837-7903' -

Daytime Phone 4

(06/11) #SOUUTY