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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000020194 (4)

MARK JOHNSON ENTERPRISES, INC.

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 229 ST. OROIX PLACE <del>200 Dougainville</del>a' st HEY LARGO FL-83037 -TAVERNIER FL 33070 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 99340 OVERSEAS Huy AS BUSINESS SAME 21 Not Applicable 65-0474884 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 30 25 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, MARK D 130 CORAL AVE 82 Street Address (P.O. Box Number is Not Acceptable) TAVERNER FL 33070 83 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE JOHNSON, MARK D 1.2 NAME NAME 99340 OUERSEAS HUY 225 ST: GRODE PLACE. 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME **2.2 NAME** STREET ADDRESS 2.3 STREET ADDRESS 2. 4 City - St - ZiP CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change \_\_\_ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET AODRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TIT) F DELETE 6.1 TITLE Change Addition

CITY-ST-ZIP 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 roof) 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 tusted 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.

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

4-23-98 305-664-7419