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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # P94000021280 (0)

JOHNSON AND JOHNSON SERVICES, INC.

Principal Place of Business Mailing Address 122 SHERWOOD CIRCLE 10-D P.O. BOX 7833 JUPITER FL 33458 JUPITER FL 33468 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/18/1994 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 65-0490066 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, JOSEPH F 122 SHERWOOD CIRCLE 10-D Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 63 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 reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME Johnson. Joseph F 1.2 NAME STREET ADDRESS 122 SHERWOOD CIRCLE 10-D 1.3 STREET ADDRESS CITY-ST-7iP Jupiter Fl 1.4 CITY - ST - ZIP DELETE 21 TITLE Change Addition TITLE NAME JOHNSON, MICHAEL D 2.2 NAME STREET ADDRESS 122 SHERWOOD CIRCLE 10-D 2.3 STREET ADDRESS City-St-ZIP Jupiter Fl 2.4 CITY-ST-ZIP ☐ Addition DELETE TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ DELE**te** Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

**6.3 STREET ADDRESS** 6.4 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 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, with an address. 0/2.1/02

**FILED** 

Mar 27 1998 8:00am

Secretary of State