

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 # **P94000028448**

1. Corporation Name

**JOHNSON LANDSCAPE CONTRACTORS, INC.**

Principal Place of Business

**126 MARTIN STREET  
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**P O BOX 372447  
SATELLITE BCH FL 32937-447  
US**

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90198 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/12/1994**

4. FEI Number

**59-3238478**

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 120 WINDWARD WAY**

**26** Suite, Apt. #, etc.

**22** Suite, Apt. #, etc.

**27** Suite, Apt. #, etc.

**23 INDIAN HARBOUR BEACH FL**

**28** City & State

**24 32937 25 BREVARD**

**29** Zip **30** Country

9. Name and Address of Current Registered Agent

**JOHNSON, CONSTANCE E  
126 MARTIN STREET  
INDIAN HARBOUR BEACH FL 32937**

10. Name and Address of New Registered Agent

**81** Name

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

**83 120 WINDWARD WAY**

**84 INDIAN HARBOUR BEACH FL 85 32937**

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)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME JOHNSON, STEPHEN L.**  
**STREET ADDRESS 126 MARTIN ST**  
**CITY-ST-ZIP INDIAN HARBOUR BEACH FL**

**TITLE VTD**  
**NAME JOHNSON, CONSTANCE E.**  
**STREET ADDRESS 126 MARTIN ST.**  
**CITY-ST-ZIP INDIAN HARBOUR BEACH FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE PD**  
**1.2 NAME JOHNSON, STEPHEN L.**  
**1.3 STREET ADDRESS 120 WINDWARD WAY**  
**1.4 CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937**

**2.1 TITLE VTD**  
**2.2 NAME JOHNSON, CONSTANCE E.**  
**2.3 STREET ADDRESS 120 WINDWARD WAY**  
**2.4 CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937**

**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**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)