

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL 21 PM 12:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000043382 (8)

1. Corporation Name

JOHNSON-SCHAFFER CORPORATION

Principal Place of Business

Mailing Address

5070 NORTH A1A
VERO BEACH FL 32963

5070 NORTH A1A
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/09/1994

4. FEI Number

Applied For

59-3299471

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Total Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3350 No. A-1-A
Suite, Apt. #, etc.

26 3350 No. A-1-A
Suite, Apt. #, etc.

22 Vero Beach FL
City & State

27 Vero Beach FL
City & State

23 Zip Country
32963

28 Zip Country
32963

24 32963

29 32963

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, STEVE L
817 BEACHLAND BLVD.
VERO BEACH FL 32963

81 Name

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

83

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

Signature (Typed or printed name of registered agent and title of agent, etc.)

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ALL OTHER OFFICERS AND DIRECTORS OF THE CORPORATION

TITLE D
NAME JOHNSON, ROBERT R
STREET ADDRESS 615 RIOMAR DR.
CITY, ST, ZIP VERO BEACH FL 32963

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE D
NAME SCHAFFER, GILBERT P
STREET ADDRESS 5070 NORTH A1A
CITY, ST, ZIP VERO BEACH FL 32963

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. P. Schaffer

6/24/95 234-8741

Date Daytime (Area #)