

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 # P94000069385

1. Corporation Name

JOHNSON INVESTMENT PROPERTIES, INC.

Principal Place of Business

~~930 40TH AVE. NORTH
ST. PETERSBURG FL 33703~~

Mailing Address

~~930 40TH AVE. NORTH
ST. PETERSBURG FL 33703~~

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90009 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1994

4. FEI Number

59-3282101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 134 Brightwaters Blvd NE

22 St. PETERSBURG

23 FLORIDA

24 33704 25 USA

2a. Mailing Address

27 134 Brightwaters Blvd NE

28 ST. PETERSBURG

29 FLORIDA

30 33704 31 USA

9. Name and Address of Current Registered Agent

JOHNSON, NATALIE J
~~930 40TH AVE. NORTH
ST. PETERSBURG FL 33703~~

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JOHNSON, NATALIE J
STREET ADDRESS ~~930 40TH AVE. NORTH~~ change of address to above
CITY-ST-ZIP ~~ST. PETERSBURG FL 33703~~

TITLE VD
NAME KENT, ROBERT D
STREET ADDRESS ~~930 40TH AVE. NORTH~~
CITY-ST-ZIP ~~ST. PETERSBURG FL 33703~~

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Natalie J. Johnson Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99 727 823-4633

Date

Daytime Phone #

CR2E034 (11/98)

0406165