

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # P95000006360 (8)

1. Corporation Name
JOHNS & ASSOCIATES, INC.



Principal Place of Business
11570 SAN JOSE BLVD.
SUITE 14
JACKSONVILLE FL 32223

Mailing Address
11570 SAN JOSE BLVD.
SUITE 14
JACKSONVILLE FL 32223-7906

2. Principal Place of Business
21 8936 WESTERN WAY
Suite, Apt. #, etc.

22 STE #8

City & State
23 JACKSONVILLE, FL

Zip Country
24 32252 25 U.S.

26. Mailing Address
26 8936 WESTERN WAY
Suite, Apt. #, etc.

27 STE #8

City & State
28 JACKSONVILLE, FL

Zip Country
29 32252 30 U.S.

3. Date Incorporated or Qualified
01/20/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3293639

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

9. Name and Address of Current Registered Agent

JOHNS, JAMES C
11570 SAN JOSE BLVD.
SUITE 14
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name
JOHNS, JAMES C.
82 Street Address (P.O. Box Number is Not Acceptable)
8936 WESTERN WAY, STE #8
83 SUITE 8
84 City
JACKSONVILLE FL 85 Zip Code
32252

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
NAME
STREET ADDRESS
CITY-ST-ZIP
1. JOHN, JAMES C
11570 SAN JOSE BLVD., #14
JACKSONVILLE FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
JOHNS, JAMES C.
8936 WESTERN WAY, STE #8
JACKSONVILLE, FL. 32252

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

JOHNS, JAMES C.

8-1-97

01/20/1995

CR2E034 (9/96)