

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000009780 (4)

1. Corporation Name  
H. W. JOHNSON INC.



Principal Place of Business

18601 LONG LAKE DR HUDSON FL 34667-9403

Mailing Address

18601 LONG LAKE DR HUDSON FL 34667-9403

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

JOHNSON, JUDITH E  
18601 LONG LAKE DR  
HUDSON FL 34667-9403

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	<input type="checkbox"/> DELETE
	President	Herbert W. Johnson	18601 Long Lk Dr Hudson, FL 34667	
	Sec. Tres	Judith E. Johnson	18601 Long Lk Dr Hudson, FL 34667	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 affidavit.

SIGNATURE: *Judith E. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# Dep by Bank

3/11/96 813 868-5203

CR2E034 (12/95)