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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000009780 (4)

H. W. JOHNSON INC.

FILED Feb 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 18601 LONG LAKE DR HUDSON FL 34667-9403 HUDSON FL 34667-9403								
					3. Date Incorporated or Qualified 02/06/1995		te of Last F 6/1996	Report
2. Principal Place of Business 2a. Mailing Address			S		l Landerici		pplied For	
21	H ala	26 Suite, Apt. #, et			59-3289706			lot Applicable
Suite, Apt	#, etc.	27 Suite, Apr. #, 61	.		5. Certificate of Status Desired			Additional Required
City & State City & State				6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution			to Fees
Zip Country Zip		Ζιp	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Yes [*
101	g, Name and Address of Curr	ent Hegistered Agent		31 Name	10. Name and Address of New Ro	egistered A	gent	
	INSON, JUDITH E							
18601 LONG LAKE DR HUDSON FL 34667-9403				Street A	Address (P.Ö. Box Number is Not Acceptable)			
1101	DOURTE BHOOF PHOO		-	33				······································
			ļ.	14 6	· · · · · · · · · · · · · · · · · · ·		12=1 =:-	Cada
			į,	City		FL	85 Zip	Code
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	13.	Agent signature	required when reinsisting) ADDITIONS/CHANGES TO OFFI	DATE CERS AND		
TITLE	P	DELE		F	ADDITIONS/CHANGES TO OFFI	CENS AND	Change	
NAME	JOHNSON, HERBERT W		1.2 NA	AE .			— · •	
STREET ADORESS	18601 LONG LK DR		1,3 STR	EET ADDRESS				
CITY-ST-ZIP	HUDSON FL 34667		1.4 CIT	r-ST-ZIP				•
TITLE	ST	☐ D€LE	TE 2.1 TITL	.E			Change	Addition
NAME	JOHNSON, JUDITH E		2.2 NA)	AE]				
STREET ADDRESS			2.3 STR	EET ADDRESS		÷		
CITY-ST-ZIP	HUDSON FL 34867	Погл		Y-ST-21P			1105	T Addition
TITLE		☐ DELE		į.			LI Change	Addition
NAME STREET ADDRESS			3.2 NA	RET ADDRESS				
CITY-ST-ZIP			1	Y-ST-ZIP				
TITLE		DELE					Change	☐ Addition
NAME			4. 2 NA	ME			-	
STREET ADDRESS			4.3 STR	EET ADDRESS				
CITY-ST-7IP				r-st-zip				
TITLE		☐ DELE	TE 5.1 TITI	.E			Change	Addition
NAME			5 2 NAI					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		☐ DELE		r-ST-ZIP			Change	[] Addison
TITLE 		☐ DETE		i i			Change	Addition
NAME STOCKT ADORESIS			6.2 NA	AE EET ADDRESS				
STREET ADDRESS				Y-ST-ZIP				
CITY-ST-ZIP	1		■ D,4 UII	1-31-217				

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.