

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

FILED

Feb 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013116 (5)

1. Corporation Name
J.G. JOHNSON CORP.



Principal Place of Business

357 CYPRESS DRIVE
STORE #3
TEQUESTA FL 33469

Mailing Address

357 CYPRESS DRIVE
STORE #3
TEQUESTA FL 33469-3020

2. Principal Place of Business

21 1516 CYPRESS D.R.

Suite, Apt. #, etc

22 suite #3

City & State

23 Jupiter

Zip

24 33469

Country

25 Palm Beach

2a. Mailing Address

26 1516 CYPRESS DR.

Suite, Apt. #, etc

27 suite #3

City & State

28 Jupiter

Zip

29 33469

Country

30 Palm Beach

3. Date Incorporated or Qualified

02/14/1995

3a. Date of Last Report

01/25/1996

4. FEI Number

65-0562643

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

JOHNSON, JAN MR.
357 CYPRESS DRIVE
STORE #3
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

JAN JOHNSON

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

1516 CYPRESS DR

83

suite #3

84 City

JUPITER

FL

85 Zip Code

33469

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 P ☐ DELETE

NAME JOHNSON, JAN
STREET ADDRESS 357 CYPRESS DRIVE STORE # 3
CITY-ST-ZIP TEQUESTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/T/S/D ☒ Change ☐ Addition

1.2 NAME JOHNSON JAN
1.3 STREET ADDRESS 1516 CYPRESS DR. suite #3
1.4 CITY-ST-ZIP JUPITER FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Mr. Jan Johnson* MR. JAN JOHNSON Pres. 1/27/97 561-575-6604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)