PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000016124

DAN L. JOHNSON CORPORATION

| Principal Place of Business | Mailing Address | |
|--|--|---|
| 646 BOCA CIEGA ISLE ST. PETE BEACH FL 33706 | 646 BOCA CIEGA ISLE ST. PETE BEACH FL 33706 | DO NOT WRITE IN THIS SPACE |
| | | 3. Date Incorporated or Qualifed |
| | | 02/24/1995 |
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number Applied For |
| 21 | 26 4950 GULF BLUD | 59-3296735 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. 27 ## 1008 | 5. Certificate of Status Desired 5. Certificate of Status Desired Fee Required |
| City & State | City & State 28 ST, PETE BEACH FL | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees |
| Zip Country | Zip Country 29 33706 30 U.S.A | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 9. Name and Address of Cu | | 10. Name and Address of New Registered Agent |
| JOHNSON, DAN L | 81 Name | |
| 646 BOCA CIEGA ISLE | 82 Street Addre | ess (P.O. Box Number is Not Acceptable) |
| ST. PETE BEACH FL 33706 | 83 # 100 | 8 |
| | 84 City | DETE DEPOR 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 | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D DELETE | 1.1 TITLE | Change Addition | |
| NAME | JOHNSON, DAN L | 1.2 NAME | Cui a cui a #1200 | |
| STREET ADDRESS | 646 BOCA CIEGA ISLE | 1.3 STREET ADDRESS | 4450 GULF BLVD # 1008 ST. PETE BEACH FL 33706 | |
| CITY-ST-ZIP | ST. PETE BEACH FL 33706 | 1.4 CITY-ST-ZIP | ST. PETE 138ACH FL 33706 | |
| TITLE | ☐ DELETE | 2.1 TITLE | Change Addition | |
| NAME | روق | 2.2 NAME | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition | |
| NAME | • | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 4. 2 NAME | · | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | . , | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | , | |
| TITLE | DELETE | 5.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 5.2 NAME | , | |
| STREET ADDRESS | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | · | |
| CITY-ST-ZIP | " | 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

/17/99 727-3196100

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90125 018 ***150.00