SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000027182 (1)**

1. Corporation Name
JOHNSON MECHANICAL CONTRACTOR, INC.

Principal Place of Business	Mailing Address
408.5 NO. HIGHWAY 22A PANAMA CITY FL 32404	408.5 NO. HIGHWAY 22A PANAMA CITY FL 32404

3. Date Incorporated or Qualified: 04/06/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 1302 Pinnacle Pines Rd.
22: Suite, Apt. #, etc.
23: City & State: Panama City, Fl
24: Zip: 32404
25: Country:

2a. Mailing Address
26: 2902 Malone Drive
27: Suite, Apt. #, etc.
28: City & State: Panama City, Fl
29: Zip: 32405
30: Country:

4. FEI Number: 59-3301997 ☐ 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, MANUEL E SR.
408.5 NO. HIGHWAY 22A
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: Johnson, Manuel E. SR.
82 Street Address (P.O. Box Number is Not Acceptable): 2902 Malone Drive
83:
84 City: Panama City FL 85 Zip Code: 32405

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: Manuel E Johnson Sr. 08-01-96
(Signature, typed or printed name of Registered Agent and title, if applicable) (Both Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, MANUEL E SR.		12 NAME	Johnson, MANUEL E SR. Address	
STREET ADDRESS	408.5 NO. HIGHWAY 22A		13 STREET ADDRESS	2902 MALONE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404		14 CITY-ST-ZIP	PANAMA CITY, F 32405	
TITLE	D	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	JOHNSON, MANUEL E JR.		22 NAME	Johnson, MANUEL E JR Address	
STREET ADDRESS	408.5 NO. HIGHWAY 22A		23 STREET ADDRESS	1302 PINNACLE PINES Rd.	
CITY-ST-ZIP	PANAMA CITY FL 32404		24 CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Manuel E Johnson Sr. 08-01-96 904-763-8726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0135970 5B