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FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000028761 (1)**

1. Corporation Name

PALMER JOHNSON FLORIDA INC.

Principal Place of Business

**1515 S.E. 17TH STREET, #109
FT. LAUDERDALE FL 33316**

Mailing Address

**P.O. BOX 109
STURGEON BAY WI 54235
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

65-0579247

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA ST.
GREENLEAF BLDG.
JACKSONVILLE FL 32202-3527**

10. Name and Address of New Registered Agent

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. 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**P
PARSONS, WILLIAM C
61 MICHIGAN STREET
STURGEON BAY WI 54235**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**C
KELSEY, MARTIN C JR
61 MICHIGAN STREET
STURGEON BAY WI 54235**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VP
KUFFEL, THOMAS
61 MICHIGAN STREET
STURGEON BAY WI 54235**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**T
PARSONS, WILLIAM C
61 MICHIGAN STREET
STURGEON BAY WI 54235**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**S
KELSEY, MARTIN C JR
61 MICHIGAN STREET
STURGEON BAY WI 54235**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**T
PARSONS, WILLIAM C
61 MICHIGAN STREET
STURGEON BAY WI 54235**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Thomas M. Kuffel - Vice President

(920) 743-4412

CR2E034 (10/97)