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Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000037413 (8)

1. Corporation Name

SCOTT T. JOHNI, P.A. ATTORNEY AT LAW



Principal Place of Business

Mailing Address

634 40TH AVE. N.
ST. PETERSBURG FL 33703
US

634 40TH AVE. N.
ST. PETERSBURG FL 33703
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5415 Marine Street

Suite, Apt. #, etc.

22 109

City & State

23 Tampa, FL

Zip

24 33609

Country

25 US

2a. Mailing Address

26 5415 Marine Street

Suite, Apt. #, etc.

27 109

City & State

28 Tampa, FL

Zip

29 33609

Country

30 US

3. Date Incorporated or Qualified

05/09/1995

4. FEI Number

59-3316331

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

9. Name and Address of Current Registered Agent

JOHNI, SCOTT T
634 40TH AVE. N.
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

Johni, Scott T.

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

5415 Marine Street

83

Suite 109

84 City

Tampa

FL

85 Zip Code

33609

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

Scott T. Johni, Secretary

April 14, 1998

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 ☐ DELETE

NAME PTS
JOHNI, SCOTT T
STREET ADDRESS 634 40TH AVENUE N
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE ☐ DELETE

NAME P
NAME Sawyer, Gary W.
STREET ADDRESS 1405 Windjazz Road
CITY-ST-ZIP Valrico, FL 33594

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 ☒ Change ☐ Addition

1.2 NAME Johni, Scott T.
1.3 STREET ADDRESS 634 40th Avenue N
1.4 CITY-ST-ZIP St. Petersburg, FL 33703

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 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

Scott T. Johni, Secretary

(813)286-2811

CR2E034 (10/97)