

P95000049292

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: J. R. Johnson Incorporated
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of Incorporation for the above corporation and check in the amount of \$ 122.50.

57 JUN 22 AM 2:27

FROM:

Janice R. Johnson
Name

7388 Kylan Dr. West
Address

Jacksonville, Florida, 32209400001520574
City, State, & Zip

(904) 765-9603
Telephone Number

06/22/95--01947--015
****122.50 ****122.50

Janice Johnson GAV

AUTHORIZATION BY PHONE TO

CORRECT Corp. Name

DATE 6/27/95

DOC. EXAM. UQU

Note: Additional copy of articles is needed only when certified copy is requested.

Wfe

ARTICLES OF INCORPORATION

OF

J.R. Johnson Incorporated

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

J.R. Johnson Incorporated

FILED
SECRETARY OF STATE
JUN 22 AM 2:27

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4359 Homer Road
Jacksonville, Florida 32209

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

TOM MCLEAH
3899 VALENCIA RD
JACKSONVILLE FL 32205

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Janice Ruth Johnson
7388 Kylan Drive, West
Jacksonville, Florida 32209

Jimmie A. Johnson
4359 Homer Road
Jacksonville, Florida 32209

Thelma W. Johnson
4359 Homer Road
Jacksonville, Florida 32209

The undersigned has(have) executed these Articles of Incorporation this

19th day of June, 19 95.

Janice R. Johnson President/Incorporator
Signature/Title
Jimmie A. Johnson Vice President/Incorporator
Signature/Title
Thelma W. Johnson Secy/Incorporator
Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: J.R. Johnson Incorporated

2. The name and address of the registered agent and office is:

TOM McLEAN
(NAME)
3899 VALENCIA RD
(P.O. BOX NOT ACCEPTABLE)
JACKSONVILLE FL 32205
(CITY/STATE/ZIP)

95 JUN 22 PM 8:27

SIGNATURE Jennice R. Johnson
(corporate officer)
TITLE President
DATE 6/19/95

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Tom McLean
DATE 6-19-95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000049292**

1 Corporation Name

J.R. JOHNSON INCORPORATED

Principal Place of Business

4359 HOMER ROAD
JACKSONVILLE FL 32209

Mailing Address

4359 HOMER ROAD
JACKSONVILLE FL 32209



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4 Date Incorporated or Qualified To Do Business in Florida

06/22/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	JANICE R JOHNSON	7388 KYLAN DRIVE	JACKSONVILLE, FL 32209
V-PRES	JIMMIE A JOHNSON	4359 HOMER RD	JACKSONVILLE, FL 32209
SECY	THERMA W JOHNSON	4359 HOMER RD	JACKSONVILLE FL 32209
			100001983121--2
			-10/22/96--01125--012
			****375.00 ****375.00

8. Name and Address of Current Registered Agent

MCLEAN, TOM
3899 VALENCIA RD.
JACKSONVILLE FL 32205

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

*I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Tom McLean

REGISTERED AGENT MUST SIGN

Date 10-3-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0131 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Janice Johnson Janice Johnson

10-3-96

Date

904-768-2307

Daytime Phone #

CR2ED40 (7/96)