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PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000051979 (9) DOCUMENT #

1. Corporation Name

SHIRLEY	/ L. JOHNSON, INC.				,				
Principal Place o	of Business	Mailing Address							
5286 RAY DRIV		5286 RAY DRIVE SPRING HILL FL 3460	7						
Spring Hill F	-L 346U7	STRING FILL I'L OWO	orning little of or			3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1995			oort
2. Principal Plac	no of Rueinace	2a. Malling Address				4. FET Number	.L		pplied For
z. Frii Kipai Fiao	A OLDONIGOS	26				59-33/9386		- 	ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
2		27				- Figure Committee Singapoles			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	[]		May Be to Fees
3	Causta	Zip	Cour	ntrv		8. This corporation has hability for	intangible		
Zip	Country 25	29	30	,		Florida Statutes X Yes	□ No		
4	9. Name and Address of Currer		100			10. Name and Address of New F	tegistere	d Agent	
				81 N	lame				
IONNSOI	n, shirley l		}	82 St	Street Addre	ss (P.O. Box Number is Not Acceptat	ole)		
5286 RAY									
	HILL FL 34607			83					
•			ŀ	84 C	City			85 Zip	Code
							F		a alored office
or registere familiar with	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	ion 607,0505, Florida Statute	es.	м	then to below			1-/3-53	
or registere familiar with SIGNATURE	ad agent, or both, in the State of Fior n, and accept the obligations of, Sec Agrature, typed or printed by a of registeroylog OFFICE BY AN	ion 607,0505, Florida Statute	es.	Agent sig	granura recorded	WELLERS STATES ADDITIONS/CHANGES TO OFF	DATE FICE RS A	/-/S=F} ND DIRECTOI ☐ Charge	6 RS IN 12
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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 enect as it made under oath; that I am an officer or director of the corporation or the receiver or frusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block/13 ij/phanged or on an attachment with an address.

SIGNATURE:

Junson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 352-688-6700