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Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000051979 (9)

1. Corporation Name  
SHIRLEY L. JOHNSON, INC.

Principal Place of Business  
5286 RAY DRIVE  
SPRING HILL FL 34807

Mailing Address  
5286 RAY DRIVE  
SPRING HILL FL 34807-1419



|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>06/30/1995   | 3a. Date of Last Report<br>01/22/1996                  |
| 4. FEI Number<br>59-3319386   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | \$8.75 Additional<br>Fee Required                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   | \$5.00 May Be<br>Added to Fees                         |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 Suite, Apt #, etc.          | 26 Suite, Apt #, etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip                         | 28 Zip                |
| 24 Country                     | 29 Country            |
| 25                             | 30                    |

9. Name and Address of Current Registered Agent

JOHNSON, SHIRLEY L  
5286 RAY DRIVE  
SPRING HILL FL 34807

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DP<br>JOHNSON, SHIRLEY L<br>5286 RAY DRIVE<br>SPRING HILL FL<br><input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | Sec-Treas, Director<br>PATRICIA A. HARRIS<br>(P.O. BOX 246) - 262 NG 2ND ST.<br>WABSTER, FL. 33597<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>JOHNSON, CYNTHIA J<br>5286 RAY DR<br>SPRING HILL FL<br><input type="checkbox"/> DELETE    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

14. I do 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: Shirley L. Johnson DECEMBER 1996 SHIRLEY L. JOHNSON 1-7-97 352-688-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)