Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90035 033 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000057737

HILTON	L. JOHNSON, INC.							
Principal Place	of Business	Mailing Address				ANIE EDNIA OBION E		31811 6 00 1 1 00 1
950-23-BLANDIN	IG BLVD	950-23-BLANDING BLVD SUITE-130-						
ORANGE PARK					DO NOT WRITE IN THIS SPACE			
US	US				3. Date Incorporated or Qualifed			
	•				07/26/1995			
2. Principal Place of Business , , , , , , , Mailing Address					4. FEI Number			plied For
2. Principal Place of Business 21 430 CON Fedevate fork 22 Address					===59-3327558=			t:Applicable= -
Suite, Apt. :	Apt 18	Suite, Apt. #, etc.	DMC	2	5. Certificate of Status Desired		\$8.75 A	quired
City & State	CKGXWille Fl	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 10 [25] Lev & 1	Zip 30	Country		This corporation owes the cur Personal Property Tax.	rent year Inta		□No
	9. Name and Address of Corrent	Registered Agent			10. Name and Address of New	Registered A	.gent	
71.15	LANCEDIA OF LAMOUNCE LODG	CEL CURTO	81	Name				
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD			82	Street Addr	ess (P.O. Box Number is Not Accept	able)		******
343 ALMERIA AVENUE CORAL GABLES FL 33134								
COR	AL GABLES PL 33134		83					
			84	City		FL	85 Zip C	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)								
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PD	DELETE	HITTLE .	1 21	410		Change	☐ Addition
NAME	JOHNSON, HILTON J 430	(Confederate)	POLITICAL	I	#18			j
STREET ADDRESS	7950 BLANDING BOULEVARD, U		1.3 STREET					}
CITY-ST-ZIP			1.4 CITY-ST	-ZIP			Change	Addition
TITLE	STD BETTY	□ DETE IE	2.1 TITLE	·	2 4 47 41//		¢nango	
NAME STREET ADDRESS	JOHNSON, BETTY J 7 350 Blanding Bou levard, L		23918	ADDRESS C	POINT AZ#18			ļ
CITY-ST-ZIP	JACKSONVILLE FL 32244 72		2. 4 CITY-S	T-ZIP			["] Change	☐ Addition
TITLE		☐ DELETE	3.1 TITLE					
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP			[*] Change	Addition
TITLE			4.1 MAME				Ů	_
NAME			4.3 STREET	ANDRESS	·			}
STREET AODRESS	الهادي خيوم احداث المتمس وتمور المراجون		4.4 CITY-ST					
	ET CONTROL OF THE	☐ DELETE	5.1 TITLE	1-24:			[] Change	Addition
	ENAMES OF THE TOTAL		5.2 NAME					
STREET ADDRESS	ស្រាស់ នេះ ស្រាស់ មាយប្រជាជា នេះ ប្រសិនិ 	State & Cartetail # 8	5.3 STREET	ADDRESS				}
CITY-ST-ZIP			5.4 CITY- \$1	Γ-ZIP				
TILE		☐ DELETE	6.1 TITLE			-	Change	Addition
	1		I					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.97(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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

URED