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Apr 21 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 # P95000082589 (9)

1. Corporation Name

JOHNNY'S ONE STOP, INC.

Principal Place of Business

101 SHAMROCK BLVD.
VENICE FL 33292

Mailing Address

101 SHAMROCK BLVD.
VENICE FL 34293-1630



3. Date Incorporated or Qualified
10/27/1995

3a. Date of Last Report
08/16/1996

4. FEI Number
65-0621399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOLTZNER, THOMAS J
13616 TAMiami TRAIL
NORTH PORT FL 34287-2055

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCCARTHY, JOHN
STREET ADDRESS 226 PARKVIEW DR
CITY- ST- ZIP VENICE FL

1.1 TITLE PD
1.2 NAME McCarthy John
1.3 STREET ADDRESS 5363 TREKEll ST
1.4 CITY- ST- ZIP North port, FL 34287

TITLE VT
NAME MCCARTHY, ROSEMARY
STREET ADDRESS 226 PARKVIEW DR
CITY- ST- ZIP VENICE FL

2.1 TITLE VT
2.2 NAME McCarthy, Rosemary
2.3 STREET ADDRESS 5363 TREKEll ST
2.4 CITY- ST- ZIP North port, FL 34287

TITLE S
NAME MOCCIA, ANGELINA
STREET ADDRESS 223 PARKVIEW DR
CITY- ST- ZIP VENICE FL

3.1 TITLE S
3.2 NAME Rosemary McCarthy
3.3 STREET ADDRESS 5363 TREKEll ST
3.4 CITY- ST- ZIP North port, FL 34287

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

Rosemary McCarthy

3/27/97 941-492-9807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)