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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

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ROBERT J. JOHNSON PAINTING, INC.

Principal Place	e of Business	Mailing Address		I IO DIREN ME IUNE ONIN ONIN PAM OUN	0848 1468 8164 9164 1164	
7136 WEDGEWOOD DRIVE 7136 WEDGEWOOD DRIV NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 3						
				3. Date incorporated or Qualified 03/19/1996	3a. Date of Last Re	port
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Apı	olied For
		26		59-3386322 223	2412 4 - NO	Applicab
Suite, Apt	有, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 A Fee Re	
City & State	0	City & State		6. Election Campaign Financing	\$5.00	May Be
1	T	28		Trust Fund Contribution	L.J Added to	
Ziβ 1	Country	Zip	Country	8. This corporation has liability for in		199.032,
	25 25 Name and Address of Curr		30	Florida Statutes 10. Name and Address of New Reg	Yes No	
ALAE		ent neglatored Agent	81 Name €	10, Hallo and Addissa of How Hes	Jistorou Agent	
	RILAWYER CHARTERED ALMERIA AVENUE		15	06er 1 2 29	hnson	
	RAL GABLES FL 33134		82 Street Add	dress (P.O. Box Number is Not Acceptable 136 1050 1000	ie) O Daw	<u>م</u> ين
COR	WE GADLES FE 33 134		83	Je wenecus	,	
•			\mathcal{N}			
			B4 City	· Port Rulier	FI 85 Zip C	ode - 5
H. Pursuant	to the provisions of Sections 607.0	502 and 607,1508. Florida Statute	es, the above-named cor	rooration submits this statement or the ni	urpose of changing its	registere
office or re	egistered agent, or both, in the Sta	ite of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as	registered
agent i a	m familiar with, and accept the obl		orida Statutes.	IJ.	20/00	
SIGNATURE	Sharehure leaved or carried harmond requestared a	Specification of applicable (NOTE	E: Registered Agent signature regu	uired when reinstating)	DATE	
	Signature, typed or printed harne of registered a	apent and title if applicable (NOT) AND DIRECTORS	E: Registered Agent signature requ	uired when re-installing) ADDITIONS/CHANGES TO OFFICE		S IN 12
2.	Signature, typed or printed harne of registered a	agent and title if applicable (NOT)				
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NAME OF SIGNING OFFICER OR DIRECTOR