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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90077 007 ***150.00

DOCUMENT # P9600037773

1. Corporation Name

W. JOHNSON CONTRACTORS, INC.

-Principal Place	e of Business	Mailing Address			** **** **** **** ***** **** **** **** ****
531 OCEAN DB	<u></u>	531 OGEAN DR.			
JUNO BEACH FL 33408 JUNE BEACH FL 33408				DO NOT WRITE II	N THIS SPACE
				3. Date Incorporated or Qualifed	THIS SPACE
				04/29/1996	
2 Principal P	loop of Business	2a. Mailing Address		4. FEI Number	Applied For
\Box $2a$ a b b a b b a b			7727	65-0748270	Not Applicable
21 45 5 Suite, Apt.	# etc	Suite, Apt. #, etc.	1109	1	\$8 75 Additional
⊢ '		27		5. Certifcate of Status Desired	Fee Required
City & Stat	e On an I	City & State	/	6. Election Campaign Financing	\$5.00 May Be
23 /Wes	I Colin Buch 1-6.		n Bull FC	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current y	ear Intangible
24 334	104: 25 Ham Sent	(129 3414 31	Polm Beel	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Regis	stered Agent
			81 Name	-	
JOHNSON, WALTER			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
531 OCEAN DR.					,
JUN	O BEACH FL 33408		83		
			84 City		85 Zip Code
				oration submits this statement for the purp	FL -
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: Re	egistered Agent signature require		DATE
12.	T :	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	Change Additi
TITLE	D	□ pereie	1,1 TITLE		
NAME	JOHNSON, WALTER		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BEACH FL 33408	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	<u> </u>	☐ Change ☐ Additi
πŒ	D	Dorre			
NAME	JOHNSON, WALTER C		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 WILE		☐ Change ☐ Additi
TITLE			3.2 NAME	•	J ,
NAME .		,		•	
STREET ADDRESS			3.3 STREET ADDRESS		
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NAME]				
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TITLE	İ	الم محدد	5.2 NAME		
NAME STREET ADODESS]		5.3 STREET ADDRESS	i	
STREET ADDRESS	·		5.4 CITY-ST-ZIP	•	
CITY-ST-ZIP TITLE	5 -	DELETE	6.1 TITLE		☐ Change ☐ Addit
		المالات	6.2 NAME		
NAME	· .		6.3 STREET ADDRESS		
STREET ADDRESS	1		6.4 CITY-ST-ZIP		
CITY OT 7ID	1		= garonironals		

14. 1 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, with all other like empowered.