

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jun 11 1997 8:00am  
Secretary of State

DOCUMENT # P96000050009 (5)

1. Corporation Name  
VERONICA JOHNSON, INC.



Principal Place of Business  
801 WEST LEELAND HEIGHTS BLVD.  
LEHIGH ACRES FL 33936

Mailing Address  
801 WEST LEELAND HEIGHTS BLVD.  
LEHIGH ACRES FL 33936-6621

3. Date Incorporated or Qualified  
06/10/1996

3a. Date of Last Report

2. Principal Place of Business  
21 1400 Graham Circle  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 1535  
Suite, Apt. #, etc.

4. FEI Number  
65-0679125

Applied For  
Not Applicable

22 City & State  
23 Lehigh Acres, FL

27 City & State  
28 Lehigh Acres, FL

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

24 33936 25 USA

29 33970 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, A B JR.  
801 WEST LEELAND HEIGHTS BLVD.  
LEHIGH ACRES FL 33936

81 Name  
Veronica Johnson  
82 Street Address (P.O. Box Number is Not Acceptable)  
1400 Graham Circle  
83  
84 City  
Lehigh Acres FL 85 Zip Code  
33936

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 *Veronica Johnson*

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  
NAME  
JOHNSON, VERONICA  
STREET ADDRESS  
107 LEROY AVENUE  
CITY-ST-ZIP  
LEHIGH ACRES FL 33936

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
1400 Graham Circle

TITLE  
NAME  
JOHNSON, DOREEN E  
STREET ADDRESS  
287 NO MAPLE AVENUE  
CITY-ST-ZIP  
EAST ORANGE NJ 07017

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  
NAME  
JOHNSON, CLARICE  
STREET ADDRESS  
287 NO MAPLE AVENUE  
CITY-ST-ZIP  
EAST ORANGE NH 07017

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

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 *Veronica Johnson*

4/28/97

CR2E034 (9/96)