SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

9. Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077490 (6)

	MENT # P960(DHNSON, INC.	00077490 (SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place	of Business	Mailing Address 2620 REYNOLDS ROAD LAKELAND FL 33801		- I CORTISOR THE COURT DELITE ORDER DOUGH BOTTLE COURT FOR THE FORT BOTTLE FORT FOR THE FORT FOR FOR THE FORT FOR FOR FORT FOR FOR FORT FORT		
2620 REYNOLDS LAKELAND FL 3:				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 09/16/1996		
2. Principal Place of Business		2a. Mailing Address		4: FEI Number	Applied For	
21		26		59-3405770	Not Applicable	
Suite, Apt. #, etc.		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & Stato		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible	

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2620 REYNOLDS ROAD **LAKELAND FL 33801**

JOHNSON, KAY L

24

10. Name and Address of New Registered Agent						
81	Name					
82	Street Address (P.O. Box Munter in National Page 37441 — 3 — 3 — 09/18/97 — 01103 — 022					
83	****165.00 ****165.00					
B4	City FL 85 Zip Code					

97 SEP 17 PH 4:11

11. Pursuant to the provisions of Socilions 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, and accept the appointment as registered agent.

agent, + arm tartitude with, and accept the congations of, 5ection 607,0005, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE								
OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
ISAY L Johnson Inc DELETE	1.1 TITLE	☐ Change ☐ Addition						
KAY L Johnson	1.2 NAME							
20 Revnolde Rd	1.3 STREET ADDRESS							
LAKeland Fl 33801	14 CITY-ST-ZIP							
☐ DELETE	2.1 TITLE	☐ Change ☐ Addition						
	2.2 NAME							
	2.3 STREET ADDRESS							
	2.4 CITY-ST-ZIP							
DELETE	3.1 TITLE	☐ Change ☐ Addition						
	3.2 NAME							
	3.3 STREET ADDRESS							
	3.4. CITY-ST-ZIP							
☐ DELETE	4.1 TITLE	☐ Change ☐ Addition						
	4. 2 NAME							
	4.3 STREET ADDRESS							
	4.4 CITY-ST-ZIP							
☐ DELFTE	5.1 TITLE	☐ Change ☐ Addition						
	5.2 NAME	Λ						
	5.3 STREET ADDRESS	(0.011)						
	5.4 CITY-S1-ZIP	C. vette						
☐ DELETE	6.1 TITLE	G/P-cykency - Addition						
	62 NAME	107///						
	6.3 STREET ADDRESS	'						
	Signature, typod or pented name of registered agent and title it applicable. (NOTE FOR STATE OF THE STATE OF	Signature, typod or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ICAY L Johnson Fnc DELETE 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME						

6.4 CITY - S1 - 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachmost with an address.

SIGNATURE:

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