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May 19 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 # P96000099950 (3)

1. Corporation Name  
JOHNAN, INC.

Principal Place of Business  
900 6TH AVE S. SUITE 203  
NAPLES FL 34102

Mailing Address  
900 6TH AVE S. SUITE 203  
NAPLES FL 34102-6745



3. Date Incorporated or Qualified 12/09/1996  
3a. Date of Last Report NONE

2. Principal Place of Business  
21 4910 TAMIA MI TR N  
Suite, Apt. #, etc. 22 112  
City & State 23 NAPLES, FL  
Zip 24 34103 Country 25 COLLIER  
26 4910 TAMIA MI TR N  
Suite, Apt. #, etc. 27 112  
City & State 28 NAPLES, FL  
Zip 29 34103 Country 30 COLLIER

4. FEI Number 59-3424313  
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

9. Name and Address of Current Registered Agent  
SCHWEIKHARDT, WILLIAM  
900 6TH AVE S, SUITE 203  
NAPLES FL 34102

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE PRESIDENT  
NAME JOHN M BODNAK  
STREET ADDRESS 4910 TAMIA MI TR N  
CITY-ST-ZIP NAPLES FL 34103  
TITLE VICE PRESIDENT  
NAME NANCY R BODNAK  
STREET ADDRESS 4910 TAMIA MI TR N  
CITY-ST-ZIP NAPLES FL 34103  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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: \_\_\_\_\_ NANCY R BODNAK 5/1/97

CR2E034 (9/96)