

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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

FOWLER & JOHNSON SALES CORPORATION

Principal Place of Business

Mailing Address

2893 W. NEW HAVEN
W. MELBOURNE, FL
32904

1501 DECKER AVE #305
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

APRIL 29, 1997

2. Principal Place of Business

21 2893 W. NEW HAVEN
Suite, Apt. #, etc.

22 City & State

23 W. MELBOURNE FL

24 Zip 32904

25 Country USA

2a. Mailing Address

26 1501 DECKER AVE
Suite, Apt. #, etc.

27 # 305

28 STUART, FL

29 Zip 34994

30 Country USA

4. FEI Number

65-0753752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

DAVID M. PICCOLO

82 Street Address (P.O. Box Number is Not Acceptable)

1738 45TH STREET

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33407

11. Pursuant to the provisions of Sections 607.0540 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PRESIDENT
JAMES R. FOWLER
2411 SE LEITCHFIELD ST.
PORT ST. LUCIE, FL 34952

TITLE ☐ DELETE

WILLIAM B. JOHNSON
SECRETARY
1501 DECKER AVE #305
STUART, FL 34994

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change

☐ Addition

700002538997

-05/28/98--01043--030

***150.00

14. I 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 supplementary 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this statement or on an initial filing with an address.

SIGNATURE: James R. Fowler, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

(407)725-7011

CR2E034 (10/97)