

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 09 1998 8:00am
Secretary of State

DOCUMENT # **P97000055412 (5)**

1. Corporation Name

JOHNSON CONSTRUCTION, INC.

Principal Place of Business

**20725 N.E. 16TH AVE
BAY A-13
NORTH MIAMI FL 33179**

Mailing Address

**20725 N.E. 16TH AVE
BAY A-13
NORTH MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

65-0767605

Applied For
Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**EBER, ROBERT C ESO
10761 S.W. 104TH STREET
MIAMI FL 33176**

81 Name

HAYWARD SONNY JOHNSON JR

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

6544 SW 26th STREET

83

84 City

MIRAMAR

FL

85 Zip Code
33023

10. Name and Address of New Registered Agent

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

Hayward Sonny Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **JOHNSON, BARBARA ANN**
STREET ADDRESS **20725 N.E. 19 AVE, BAY A-13**
CITY-ST-ZIP **NORTH MIAMI FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **JOHNSON, BARBARA ANN**
1.3 STREET ADDRESS **20725 NE 16TH AVE, BAY A-13**
1.4 CITY-ST-ZIP **NORTH MIAMI, FLORIDA 33179**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **JOHNSON, HAYWARD SONNY JR**
2.3 STREET ADDRESS **20725 NE 16TH AVE, BAY A-13**
2.4 CITY-ST-ZIP **NORTH MIAMI, FL 33179**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Barbara Ann Johnson

BARBARA ANN JOHNSON

8/17/98

(305) 770-1075

CR2E034 (5/98)