


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

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000092317 (1)**  
 1. Corporation Name  
**JOHNSON-WEST, INC.**

Principal Place of Business <b>315 E SILVER SPRINGS BLVD OCALA FL 34470</b>	Mailing Address <b>315 E SILVER SPRINGS BLVD OCALA FL 34470</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> 22. City & State	<b>27</b> 27. City & State
<b>23</b> 23. Zip Country	<b>28</b> 28. Zip Country
<b>24</b> 24. Zip Country	<b>29</b> 29. Zip Country

<b>3.</b> Date Incorporated or Qualified <b>10/27/1997</b>	Applied For <input type="checkbox"/> Not Applicable
<b>4.</b> FEI Number <b>57-3475667</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>5.</b> Certificate of Status Desired	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>6.</b> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**JOHNSON, CARL**  
**4921 NE 12TH STREET**  
**OCALA FL 34470**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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: *Carl Johnson* **CARL JOHNSON - PRES** **JAN. 8. 98**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CARL</b>
STREET ADDRESS	<b>4921 NE 12TH STREET</b>
CITY - ST - ZIP	<b>OCALA FL 34470</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEST, ALI</b>
STREET ADDRESS	<b>4531 NE FORT KING</b>
CITY - ST - ZIP	<b>OCALA FL 34470</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, PHYLLIS</b>
STREET ADDRESS	<b>4921 NE 12TH STREET</b>
CITY - ST - ZIP	<b>OCALA FL 34470</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WEST, SELENA</b>
STREET ADDRESS	<b>4531 NE FORT KING</b>
CITY - ST - ZIP	<b>OCALA FL 34470</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	
<b>1.4</b> CITY - ST - ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY - ST - ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY - ST - ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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: *Carl Johnson* **CARL JOHNSON - PRES** **JAN. 8. 98** **1337974**

CR2E034 (10/97)