Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90013 015 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000012547

1. Corporation	n Name	012017					
RICHARI	D O. JOHNSON, P.A.						
					A CHANGES AND CONTROL FOR A SECURIOR SE	. 11 010 11 00 0 2111 6	JIAN 1861 1861
į							
Principal Place	e of Business	Mailing Address			- I (0000000 IND 1866) IDIN BOOK OUR DOUB BOR	P TENER FRANK NITHER)
10 LINDER CIRCLE 10 LINDER CIRCLE							
HOMOSASSA FL 34446 HOMOSASSA FL 34446							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		•
					02/06/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			59-3492389	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27			3. Certificate of Status Desired	Fee Red	quired
City & Stat	е .	City & State .		•	- 6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	ıtangible	
24	25 29 30		30		Personal Property Tax.	☐ Yes	□No
l l	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				Name			
,	nson, richard o		82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)		
	10 LINDER CIRCLE			Stieet Addi	ess (F.O. Box Number is Not Acceptable)		
HOM	MOSASSA FL 34446		83	-			
, I							
			84	City	Fi	85 Ζίρ C	ode
11. Pursuant	to the provisions of Sections 607,0502	2 and 607.1508. Florida Stat	utes, the above	e-named corp	oration submits this statement for the purpose of	f changing its	registered
office or n	egistered agent, or both, in the State of	of Florida. Such change was	authorized by	the corporation	on's board of directors. I hereby accept the appo	intment as reg	jistered
agent. I a	m tamiliar with, and accept the obligati	ons of, Section 607.0505, F	ionda Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agen	t signature required	d when reinstating) DATE		
12. j	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	JOHNSON, RICHARD O		1.2 NAME				
STREET ADDRESS	10 LINDER CIRCLE		1.3 STREET	ADDRESS			
	HOMOSASSA FL 34446		1.4 CITY-ST				
CITY-ST-ZIP	TIOMOGRADOR I E STATO	☐ DELETE	2.1 TITLE	1-214			
			2.1 11166			Change	☐ Addition
NAME			22 NAME			Change	Addition
STREET ADDRESS			2.2 NAME	400000		Change	Addition
			2.3 STREET			Change	Addition
CITY-ST-ZIP		□ 0515	2.3 STREET 2.4 CITY-S	T-ZIP			
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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 exponential 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECT

3/23/89

352-382-23482

Daytime Phone #