PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000032485

1. Corporation Name

JOHNSON RESORT PROPERTIES-FLORIDA 1, INC.

Principal Place of Business

Mailing Address

PO BOX 328

TETON VILLAGE WY 83025

PO BOX 328 **TETON VILLAGE WY 83025**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90175 001 ***158.75



					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			<u>~~</u>	
					04/08/1998				
	Place of Business 2 2a. Mailing Address 2		,	/	4. FEI Number			plied For	
3420		<u> </u>	<u> 7</u>	5	65.0825 825			t Applicable	
Suite, Apt.	#, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		3.75 / Fee Re	Additional equired	
City & State City & State Villable ~				Wy	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
330	40 Page 125 Page 129 83025	Co.	untry		This corporation owes the current year Personal Property Tax.	ar Intangib		□No	
	9. Name and Address of Current Registered Agent	1001			10. Name and Address of New Registr	ered Agen	t		
			81	Name					
	M, SAMUEL SPENCER		82	Stroot Adde	ress (P.O. Box Number is Not Acceptable)				
	B TIGERTAIL AVENUE SUITE 106		82	Street Addr	ress (P.O. Box Number is Not Acceptable)				
COC	CONUT GROVE FL 33133		83						
			84	City		FI 85	Zip (Code	
<u>_</u>			Щ				14.0		
office or n	to the provisions of Sections 607.0502 and 607.1508, Florida Statuegistered agent, or both, in the State of Florida. Such change was in familiar with, and accept the obligations of, Section 607.0505, Florida State of Section 6	authorize	d by 1	the corporation	on's board of directors. I hereby accept the a	appointmer	nt as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registerer	d Agent	signature require	d when reinstating) DA	TE			
2.	OFFICERS AND DIRECTORS	13.	190111		ADDITIONS/CHANGES TO OFFICER		RECTO	RS IN 12	
TLE	D DELETE	1.1 Ti	TLE.				Change	Addition	
AME	JOHNSON, JERRY O		AME						
TREET ADDRESS	PO BOX 328 N/A			ADDRESS					
TY-ST-ZIP	TETON VILLAGE WY 83025	1	ITY-ST	j					
TLE	DELETE	2.1 TI					Change	Addition	
AME		22 N	AME	}					
TREET ADDRESS		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP			:::::: :::::::::::::::::::::::::::::		-				
TLE	[] DELETE	3.1 1					Change	☐ Addition	
AME		3,2 N	AME						
TREET ADDRESS		3.3 S	TREET	ADDRESS					
ITY-ST-ZIP		3.4. C	CITY-SI	r-ZIP					
ITLE	[] DELETE	4,1 TI					Change	Addition	
··· <u>-</u>		4.2 N	NAME						
-=EET ADDRESS		4.3 S	TREET	ADDRESS					
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ILE .	☐ DELETE	5.1 TITLE					Change	Addition	
į		5.2 N	AME						
·-== I AUDRESS		5,3 S	TREET	ADDRESS					
··- ST ZIP		5.4 C	ITY-ST	-ZIP					
	DELETE	6.1 TI	ITLE				Change	☐ Addition	
		6.2 N	AME						
∺ : I ADDRESS		6.3 S	TREET	ADDRESS					
		6.4 C	ITY-ST	zziP					

1 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, with all other like empowered.