### **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# DOCUMENT # P98000084495

THE JOHNSON ROBERTS COMPANY, INC.

# **FILED** May 07, 1999 8:00 am Secretary of State

05-07-1999 90179 044 \*\*\*150.00



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Principal Place of Business Mailing Address						f i BBil Bit in initt intt after aber ater	it energ atalit aran	å (åtat artt ient	
420 WEST BEACH DR. 420 WEST BEACH DR.									
PANAMA CITY FL 32401 PANAMA CITY FL 32401						DO NOT WRITE IN THIS SPACE			
}						3. Date Incorporated or Qualifed			1
						09/30/1998		Ì	ĺ
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	l
21 26						59-3538232	□ N/	ot Applicable	l
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional	l
27						3. Calling 0. Call 3.		equired	1
City & State		City & State	· · · · ·			6. Election Campaign Financing		May Be	l.
23		_ 28				Trust Fund Contribution		to Fees	
Zip	Country		Zip Country			<ol> <li>This corporation owas the current year to Personal Property Tax.</li> </ol>	Yes.		l
24	9. Name and Address of Current		01	<del></del>		10. Name and Address of New Registered			ĺ
<del></del>	S. Name and Abbress of Current	t Augistoreu Agent	<del></del> -†	81 Name					l
JOH	NSON, JOHN L		İ	**		ss (P.O. Box Number is Not Acceptable)			l
420 WEST BEACH DR.			ļ	82 Stree	( Addres	SS (P.O. BOX Number is Not Acceptable)			ł
PANAMA CITY FL 32401			- 1	83					ì
ļ		•		84 City			85 Zip	Code	(
						Fi			l
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the at	ove-name	1 corpo	ration submits this statement for the purpose of	f changing its	s registered	İ
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	nonzeo la Statu	tes.	porauor	ration adornos tris statement for the purpose on is board of directors. I hereby accept the appo	A 10 10 10 10 10	-8	ĺ
SIGNATURE									ŀ
	Signature, typed or printed name of registered agen			Agent signatur	required t	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	200 IN 12	ŝ
12.		D DIRECTORS	13.		т-	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	11/08
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CITY-ST-ZIP	PANAMA CITY FL 32405	☐ DELETE	21 11		+		Change	Addition	Ü
NAME	D Roberts, Ralph C		22 NA		1			ļ	
STREET ADDRESS	P.O. BOX 27061			CEET ADDRES	ş <b>\</b>			}	١
CITY-ST-ZIP	PANAMA CITY BEACH FL 3241	11		Y-ST-ZIP					l
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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 any accurate and that my signature shall have the same legat effect as it made under oath; that I am an officer or director of the corporation of the receives of frustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 hanged or of an attachment withjun address, with all other like empowered.

**SIGNATURE**