Pincipal Place of Business   St. Mailing Address   St. Mailing A	DOCUMENT # P9900003  1. Entity Name CAROLYN E. JOHNSON, INC.	32003	·		Jan : Sec	FILI 12, 200 cretary	ED 01 8:0 of S	00 am tate
Suite, April 4, etc.    Suite April 4, etc.   Suite April 4, etc.   DO NOT WRITE IN THIS SPACE	1815 HWY. 69	1815 HWY. 69						
City & State    City & State	2. Principal Place of Business	3. Mailing Address						
Separation   Sep	Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NO	T WRITE IN THIS S	SPACE	
Some and Address of Current Registered Agent   Some and Address of Current Registered Agent   Some and Address of Name and Address of Name and Address of New Registered Agent   Some and Address o	City & State	City & State			1. FEI Number 59-42	16582	<u> </u>	
SURNATURE	Zip Country	Zip	Countr	y į	5. Certificate of Status Des			
JOHNSON, CAROLYN E 1815 HWY. 69 GRAND RIDGE FL 32442  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  SIGNATURE  Signature, great or ormal remove disquired agent and the Itility is Interngable (Andrews Remove Agent agents agent ag	6. Name and Address of Current Re	gistered Agent	-		7. Name and Address of	New Registered A	\gent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE    Sympatric lipsed or formed entity its inflampible   FILE NOW!!! FEE IS \$150.00   After MAY 1, 2001 Fee will be \$550.00   Make Check Payable to Department of State   State of Florida   Added to Fees								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.	GRAND RIDGE FL 32442						1	
SIGNATURE    Strict Address   Strict Add							Zip Code	•
TITLE NAME STREET ADDRESS CITY-ST-2P CHange CITY-ST-2P CHange CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGES CITY-ST-2P CHANGE CITY-ST-2P CHANGES CITY-ST-2	Signature, typed or printed name of registered agent and  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW After MAY 1, 20	!!! FEE ! 001 Fee v	S \$150.00 will be \$550.00	10. Election Campa	ign Financing		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OBelete TITLE NAME STREET ADDRESS CITY-ST-ZIP OBELET STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		L		-	ADDITIONS/CHANGES T	O OFFICERS AND	DIRECTORS	3 IN 11
JOHNSON, CLARENCE W STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRE	NAME JOHNSON, CAROLYN E STREET ADDRESS CITY-ST-ZIP GRAND RIDGE FL 32442		NAME STREE CITY-5	1				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP STREET	NAME JOHNSON, CLARENCE W STREET ADDRESS 1815 HWY. 69		NAME STREET CITY-5	4				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE	NAME STREET ADDRESS	□ Delete	NAME STREE					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like ampowered.  SIGNATURE:  Addition  NAME STREET ADDRESS CITY-ST-ZIP  13. 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 report or supplemental 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 11 or Block 12 if changed or on an attachment with an address, with all other like ampowered.  SIGNATURE:  Address  Add	NAME STREET ADDRESS	☐ Delete	NAME STREET	ľ			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  Associated Address Add	NAME STREET AODRESS	☐ Delete	name Stree				☐ Change	Addition
indicated on this report or supplemental 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:   -9-0    850-592-507	NAME STREET ADDRESS	☐ Delete	NAME STREE				Change	Addition
SIGNATURE: 1 aug 2. John 1-8-01 850-592-5071	indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower	ie and accurate and that r ered to execute this report	my signatu Las require	ire shall have the sar ad by Chapter 607, F	ne legal effect as if made i florida Statutes; and that m	under dath; that I a ly name appears in	im an officer in Black 11 or	Block 12 if
SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED WANE OF SIGNING OFFICER	OR DIRECTO	DR	/-8-0/ Date	850-S	592-S aytime Phone #	5071