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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

	MENT # S951	90 (2)							
WILLIA	M L. JOHNS, INC.								
Principal Place	of Business	Mailing Address						ISA DIDII DIDII DIDA	
5535 CABOT DRIVE N #186 JACKSONVILLE FL 32244 US		5535 CABOT DRIVE N	!						
		#801	# 001						
		US US	Jacksonville FL 32244 US			Incorporated or Qualified /18/1991	За.	Date of Last R 05/01/19	•
2. Principal Pia	ce of Business	2a. Mailing Adoress			4. FEI N	umber 19-3093688		ļ	Applied For Not Applicable
Suite, Apt. #	! etr	26 Suite, Apt. #, etc.							Additional
2		27			5, Certifi	cate of Status Desired		,	Required
City & State		City & State				on Campaign Financing	[]	,	May Be
Zip	Country	28 Zip	Cou	intry		Fund Contribution corporation has liability fo	r intanoih		d to Fees
4	25	29	30	,			s XN		100.002,
<u> </u>	9. Name and Address of Curr	rent Registered Agent			10. Name	e and Address of New	Registe	red Agent	
				81 Name					
	WILLIAM L			82 Street	Address (P.O. Bo	x Number is Not Accepta	able)		
	ABOR DRIVE N			83					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STE 301									
JACKSO	NVILLE FL 32244					C		85 Zip Code	
II. Pursuant to	o the provisions of Sections 607.05	502 and 607.1508, Florida Statuti	es, the abo	ve-named co	vooration submits	this statement for the p	urpose o	f changing its r	egistered office
or registere familiar with	ed agent, or both, in the State of Fl h, and accept the obligations of, Si	lorida. Such change was authoriz	ed by the c	corporation's	board of directors	s. I hereby accept the ap	pointmer	nt as registered	i agent. I am
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF ICE

* 22 Appril 46 904-388-017