SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT** # (6)V02832 JOHNSTON PRESS INC. Mailing Address Principal Place of Business 1741 STANFORD LANE 1741 STANFORD LANE SARASOTA FL 34231 SARASOTA FL 34231 3a. Date of Last Report 3. Date incorporated or Qualified 06/15/1995 12/23/1991 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0303504 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199 032, Country Ζıρ Country Ζıp Yes 📝 No Florida Statutes 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOHNSTON, EDWARD Street Address (P.O. Box Number is Not Acceptable) 1741 STANFORD LANE SARASOTA FL 34231 83 Zip Code 85 84 City FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am familiar with and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (N/) 15 Registered Agent signature required when resolution) Separate type for price from a of respondence target and the due to the ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/66)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TILLE TITLE CR2E034 1.2 NAME JOHNSTON, EDWARD NAME 13 STREET ADDRESS 1741 STANFORD LANE STREET ADDRESS SARASOTA FL 14 City -St - ZIP CHY-ST-ZiP Change Addition DELETE 21 TiTLE DPS TITLE 2.2 NAME JOHNSTON, SHEILA NAME 2.3 STREET ADDRESS 1741 STANFORD LANE STREET ADDRESS 2 4 CITY - ST - ZIP SARASOTA FL CITY-ST-ZIP Charige Addition DELETE 3 1 THELE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 OffY-SI-ZiP CITY - ST - ZIP Change Addition DELETE 4.1 HILE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY - ST - ZIP Change Addition DELETE 51 THLE TITLE NAME 5.3 STREET ADDRESS STREET ACORESS 5 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY - ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address 5-1-96 923-9659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR