

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 29 AM 8:20

DOCUMENT # V28652 (8)
1. Corporation Name
L.H. JOHNSON DEVELOPMENT CORPORATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 124

P.O. BOX 124

~~SUITE B~~
ST. AUGUSTINE FL 32085
US

~~SUITE B~~
ST. AUGUSTINE FL 32085
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3124257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

6. This Corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 15 8th St.

26 P.O. Box 124

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

St. Augustine, FL

St. Augustine FL

24 Zip

25 Country

29 Zip

30 Country

32084

USA

32085

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LYNN H
1130 SAN JOSE FOREST DR
ST AUGUSTINE FL 32084

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, L.H.
STREET ADDRESS	1130 SAN JOSE FOREST DR
CITY, ST, ZIP	ST AUGUSTINE FL
TITLE	D
NAME	COLE, SCOTT
STREET ADDRESS	1323 SAN JUAN STR
CITY, ST, ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	JOHNSON, ELIZABETH
STREET ADDRESS	1130 SAN JOSE FOREST DR
CITY, ST, ZIP	ST AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Director
2.3 STREET ADDRESS	Scott Cole
2.4 CITY, ST, ZIP	413 Nighthawk St. Augustine, FL 32084
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, 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)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN H. JOHNSON

6/19/95

(904)461-0101

Date

Telephone Number