FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V28652** **(8)**

1. Corporation Name
L.H. JOHNSON DEVELOPMENT CORPORATION, INC.

Principal Place of Business
15 8TH STREET
SUITE B
ST. AUGUSTINE FL 32084
US

Mailing Address
P.O. BOX 124
SUITE B
ST. AUGUSTINE FL 32085
US

3. Date Incorporated or Qualified: 04/10/1992
3a. Date of Last Report: 06/29/1995

2. Principal Place of Business
21 770 A1A Beach Blvd
Suite, Apt. #, etc.
22 Suite B
City & State
23 St. Augustine, FL
Zip 24 32084 Country 25 USA

2a. Mailing Address
26 P.O. Box 124
Suite, Apt. #, etc.
27
City & State
28 St. Augustine FL
Zip 29 32085 Country 30 USA

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

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

9. Name and Address of Current Registered Agent
JOHNSON, LYNN H
1130 SAN JOSE FOREST DR
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
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 Section 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.

Same Agent

SIGNATURE: Lynn H. Johnson, President 2/6/96
(Signature of Registered Agent or Authorized Officer representing Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JOHNSON, L.H.	
STREET ADDRESS	1130 SAN JOSE FOREST DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	☐ DELETE
NAME	COLE, SCOTT	
STREET ADDRESS	413 NIGHTHAWK	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	☐ DELETE
NAME	JOHNSON, ELIZABETH	
STREET ADDRESS	1130 SAN JOSE FOREST DR	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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)(k), 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: Lynn H. Johnson 2/6/96 (904)461-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)