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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V28652

(8)

1. Corporation Name L.H. JOHNSON DEVELOPMENT CORPORATION, INC. Principal Place of Business Mailing Address 770 A1A BEACH BLVD SUITE B ST. AUGUSTINE FL 32085-0124								
ST. AUGUST US	INE FL 32084	US			3. Date Incorporated or Qualified	3a. Dat	te of Last Re	eport .
					04/10/1992	02/1	5/1996	
	l Piace of Business	2a. Maling Address			4. FEI Number	- •		plied For
	D San Jose Forest (Suite Apt. #. etc.			59-3124257		\$8.75 A	t Applicable
	Augustine, FL	27			5. Certificate of Status Desired		Fee Re	
City & S		City & State			6. Election Campaign Financing		\$5.00	. '
	084	28			Trust Fund Contribution		Added t	
Zφ	Country	Zip	Count	try	8. This corporation has liability for	intangible	tax under s.	199.032,
24	25 St. John	5 [29]	30		Florida Statutes	Yes [No	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered A	gent	
.30	DHNSON, LYNN H		8	Name				
	I30 SAN JOSE FOREST DR		8	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	T AUGUSTINE FL 32084)_					
			[6	33				
			ē	34 City			65 Zip (Code
	1.0	NO and Other 41 OO Florida Cont			poration submits this statement for the p	FL	abanaina it	o reputared
agent SIGNATUR	Tam fair har with, and accept the obta But the fact transmit in a continue.	gations of, Section 607.0505, l	Florida Statu	tes.	tion's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	DATE		
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	SEHS AND	☐ Change	IS IN 12 Addition
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NAME DIRECT NUMBER	JOHNSON, L.H.		1.2 NAM	EET ADDRESS				
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foo percey certify that the internation supposed will this lengthces the quality of the exempton state in declared 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 fam an officer or director of the corporation or the receiver or trustee simpowered 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:

SE SIGNING OFFICER OR DIRECTOR

(904) 461-0101

FILED

Jan 15 1997 8:00am

Secretary of State