

**DOCUMENT # V28652**

1. Entity Name

**L.H. JOHNSON DEVELOPMENT CORPORATION, INC.**

01-30-2001 90020 049 \*\*\*150.00

9 0 0 0 4



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1130 SAN JOSE FOREST DRIVE ST AUGUSTINE FL 32084 US	POST OFFICE BOX 124 ST. AUGUSTINE FL 32085 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3124257	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div style="text-align: center; font-size: 2em; font-weight: bold;">FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00** May Be Added to Fees

[illegible]

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN H. JOHNSON 1/22/01 (904) 461-0101

CR2E034 (10/00)