

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:00

DOCUMENT # **V57383**

(4)

1. Corporation Name

**JOHNS BY JOHN, INC.**

Principal Place of Business

**11474 FINCH ROAD  
BROOKSVILLE FL 34614  
US**

Mailing Address

**11474 FINCH ROAD  
BROOKSVILLE FL 34614  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-313977-1** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$0.75 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

2. Principal Place of Business 2a. Mailing Address

21 Sute, Apt. #, etc. 26 Sute, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**CHARNOCK, WILLIAM T III  
5358 SPRING HILL DRIVE  
SPRING HILL FL 34608**

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 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 of officer or director of corporation or registered agent, if applicable

NOTE: Registered Agent signature required when removing

DATE

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | VP/D                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIESZNOWSKI, SHERRI ANN | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11474 FINCH ROAD        | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BROOKSVILLE FL          | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | P                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KIESZNOWSKI, JOHN       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11474 FINCH ROAD        | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BROOKSVILLE FL          | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                         | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                         | 6.4 CITY - ST - ZIP                                   |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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:

*John Kiesznowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

*John Kiesznowski 3-9-95 904-597-2629*  
DATE AND TIME