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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V57383

(4)

FILED
May 09 1997 8:00am
Secretary of State

1. Corporation Name JOHNS BY JOHN, INC.  Principal Place of Business  11474 FINCH RD BROOKSVILLE FL 34614 US  Mailing Address  11474 FINCH ROAD BROOKSVILLE FL 34614 US  US											
								3. Date Incorporated or Qualified 08/10/1992		ate of Las 02/1990	
Principal Place of Business			— ~ ~	2a. Mailing Address				4. FEI Number			Applied For
Suite Ar	ot # etc		26 Suite. A	pt. #. etc.			· · · · · · · · · · · · · · · · · · ·	59-3139779			Not Applicable  5 Additional
			27	,,,				5. Certificate of Status Desired			Required
City & St	ate		City & S	tate				6. Election Campaign Financing		\$5.0	May Be
J			28			٠		Trust Fund Contribution			ed to Fees
Zip ⊐		Country	Zip		Cou	ntry	,	8. This corporation has liability for			r s. 199.032,
<u> </u>	O Nam	25 e and Address of Cur	29	ent	30		<del>, ,</del>	Florida Statutes  10. Name and Address of Naw I	Yes		
C		MILLIAM T III	Ton Hogistore ra	1917.		81	Name	to. Hame give rivered of their			<del></del>
		NG HILL DR					S	(6.0.5)			
	PRING HILL					82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
						83	<del></del>	<del></del>			
						84	City			85 2	ip Code
						104	City		FL	.   63   4	ip Code
	r		ongationa or, oconier	1 607.0505, FI	orida Stat	utes.	ne corporati	oration submits this statement for the on's board of directors. I hereby acc	,		
2.	Signature, type	d or printed name of registered	I agent and lide if applicable	e (NO	E Registere:	d Agent		ed when reinstating) ADDITIONS/CHANGES TO OFT	DATE	DIRECT	ORS IN 12
ENATURI LE MH REET ADDRES	VPDT KIESZNO S 11474 F	OFFICERS A  OWSKI, SHERRI ANI INCH ROAD	i agent and tide if applicable AND DIRECTORS		13. 1.1 Ti 1.2 Ni 1.3 ST	d Agent TLE AME TREET AL	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS ANI		ORS IN 12
Me ILET ADORES Y-ST-ZIP	VPDT KIESZNO S 11474 F	of or printed name of registered OFFICERS A	agent and tide # applicable AND DIRECTORS	e (NO	13. 1.1 Ti 1.2 Ni 1.3 ST	d Agent TLE AME TREET AL	signature require	ad when reinstating)	DATE FICERS ANI	D DIRECT Chang	ORS IN 12 ge Addition
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14. I do 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 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 attackment with an address.

SIGNATURE:

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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