FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V60851

(5)

LÉNORA JOHNSON CORPORATION

				_							
Principal Place of Business		Mailing	Mailing Address					T ESPECATION DIVIDADEL L'AND DIVIDE AND	i Bibli Bioli	ATBEC BIBEL BEBEF	
2705 W TENNESSEE STR TALLAHASSEE FL \$2304 US			2765 W TENNESSEE STR TALLAHASSEE FL 32304-2839 US								
								3. Date Incorporated or Qualified 08/31/1992	f	ate of Last Re /01/1996	eport
	lace of Businoss		28. Mailing Address					4. FEI Number		<u> </u>	plied For
Suite, Apt.	# oto	[26]	26					59-3140233			t Applicable
22	#, 8tC.	<u></u> ⊢-,	[5. Certificate of Status Desired		\$8.75 A	
City & State	6	27 City	City & State					6. Election Campaign Financing		\$5.00	
23		28	28					Trust Fund Contribution		Added t	
Zip	Country		Zip Cou			/		8. This corporation has liability for	ity for intangible tax under s. 199.032,		
24	25	29		30					Yes [
	9. Name and Address of Currer	nt Registered	d Agent			T-:		10. Name and Address of New Re	gistered	Agent	
	nd, nathan L				81	Nar	ne				
	EAST COLLEGE AVENUE				82	Stre	ot Addre	ess (P.O. Box Number is Not Acceptab	ole)		
TAL	LAHASSEE FL 32304				83	-					
					83						
					84	City			FL	85 Zip (Code
11 Purpuent	to the provisions of Sections 607 050	2 and 607 1	IN Florida Statu	too the o	l bow	0.000	od ootry	ration submits this statement for the s		(obanaina it	a registered
office or re	egistered agent, or both, in the State	of Horida, S	uch change was	authorize	d by	y the c	orporation	pration submits this statement for the pon's board of directors. I hereby accep	of the app	ointment as	registered
agent. I a	m familiar with, and accept the oblig	ations øl, Se	ction 607.0505, F	Iorida Sta	tutes	S.					
SIGNATURE	Signature, typod or printed name of registered agr	est and sile if app	luable (NO	III : Etenislora	d Abr	ent Signs	dure requite	d when reinstating)	DATE		
12.	OFFICERS AN			13.				ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D		DELETE	1.1 1	TLE					Change	Addition
NAME	LEE, MONROE P.			1.2 N	AME						
STREET ADDRESS	2765 WEST TENNESSEE ST.			1.3 \$	IREET	ADDRE	ss				
CITY-ST-ZIP	TALLAHASSEE FL			14 C	ITY-S	ST - 71P					
TITLE			DELETE 217		21 TATLE					☐ Change	Addition
NAME)				2.2 N	AME		1	,			
STREET ADDRESS				2.3 S	TREET	ADORE:	ss	-			
CITY-ST-ZIP		,		2.40	(1Y-	\$1-7IP				···	
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NAME				3.2 N	AME						
STREET ADDRESS						I ADDRE	SS				
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NAME				4.2 h			1				
STREET ADDRESS						I ADDRE	SS				
CITY-ST-ZIP TITLE			DECETE	4.4 C 5.1 Ti		ST-ZIP				☐ Change	Addition
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NAME OTDEET ADDRESS				5 2 N		Labore					
STREET ADDRESS						LADDRE:	00				
CITY-ST-ZIP TITLE			☐ DELETE	6.4 C		S1 - ZIP				Change	Addition
NAME				62 N						Lad o mango	
STREET ADDRESS						ADDRE:	ss				

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, I forida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an address.

6.4 CHY-S1-ZIP

CICALATURE, Y

City-St-ZIP