

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 362367

**Entity Name:** A.J. JOHNS, INC.

**Current Principal Place of Business:**

3225 ANNISTON ROAD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3225 ANNISTON ROAD  
JACKSONVILLE, FL 32246

**FEI Number:** 59-1289863

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNS, A J  
3225 ANNISTON RD  
JACKSONVILLE, FL 32246 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name KIRKLAND, JOHN  
Address P.O. BOX 196  
City-State-Zip: MACCLENNY FL 32063

Title PSTD  
Name JOHNS, A J  
Address 12608 MANDARIN RD.  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name JOHNS, MARK V  
Address 4067 HARDY DRIVE  
City-State-Zip: JACKSONVILLE FL 32257

Title D  
Name JOHNS, TERESA A  
Address 11850 HIDDEN STAGE COACH CT.  
City-State-Zip: JACKSONVILLE FL 32223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** AJ JOHNS

PSTD

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date