

**2019 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            PRESIDENT, TREASURER  
Name            KIRKLAND, JOHN  
Address        P.O. BOX 196  
City-State-Zip: MACCLENNY FL 32063

Title            CHAIRMAN, DIRECTOR  
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

Title            VP, SECRETARY  
Name            LAUGHLIN, CHARLES B.  
Address        884 CREIGHTON RD  
City-State-Zip: FLEMING ISLAND FL 32003

Title            VP OF OPERATIONS  
Name            COCKRELL, CHAD  
Address        2816 BOB WHITE LANE  
City-State-Zip: FERNANDINA BCH FL 32034

*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:** CHARLES LAUGHLIN

VP

02/22/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date