

2025 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 US**FEI Number:** 59-1289863**Certificate of Status Desired:** Yes**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	T
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	PRESIDENT
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

Title	VICE PRESIDENT OF FINANCE, SECRETARY
Name	PRENDERGAST, BRIAN
Address	14586 CHESAM COURT
City-State-Zip:	JACKSONVILLE FL 32258

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: BRIAN PRENDERGAST

VP, CFO

03/18/2025

Electronic Signature of Signing Officer/Director Detail_____
Date