## 2018 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

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

Electronic Signature of Registered Agent

JOHNS, A J 3225 ANNISTON RD JACKSONVILLE, FL 32246 US Certificate of Status Desired: No

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:

Officer/Director Datail			
Officer/Director Detail :			
Title	PRESIDENT, TREASURER	Title	CHAIRMAN, DIRECTOR
Name	KIRKLAND, JOHN	Name	JOHNS, A J
Address	P.O. BOX 196	Address	12608 MANDARIN RD.
City-State-Zip:	MACCLENNY FL 32063	City-State-Zip:	JACKSONVILLE FL 32223
Title	D	Title	D
Name	JOHNS, MARK V	Name	JOHNS, TERESA A
Address	4067 HARDY DRIVE	Address	11850 HIDDEN STAGE COACH CT.
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32223
Title	VP. SECRETARY		
The	VP, SECRETART		
Name	LAUGHLIN, CHARLES B.		
Address	884 CREIGHTON RD		
City-State-Zip:	FLEMING ISLAND FL 32003		

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.

VP

#### SIGNATURE: CHARLES LAUGHLIN

# FILED Apr 19, 2018 Secretary of State CC8790428657

Date

Electronic Signature of Signing Officer/Director Detail