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Jan 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 246571 (4)  
1. Corporation Name  
CHARLES E. JOHNSTON, COMPANY



Principal Place of Business: 7944 WILDWOOD RD JACKSONVILLE FL 32211 US  
Mailing Address: 7944 WILDWOOD AVE. JACKSONVILLE FL 32211-6048 US

3. Date Incorporated or Qualified 04/14/1961	3a. Date of Last Report 03/12/1996
4. FEI Number 59-0938518	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent JOHNSTON, C E 5550 HILLMAN DRIVE JACKSONVILLE FL 32210	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7944 WILDWOOD RD 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: JOHNSTON, C E	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 7944 WILDWOOD DRIVE	CITY - ST - ZIP: JACKSONVILLE FL	1.3 STREET ADDRESS:	1.4 CITY - ST - ZIP:
TITLE: VD	NAME: JOHNSTON, FRANCES E.	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 7944 WILDWOOD ROAD	CITY - ST - ZIP: JACKSONVILLE FL	2.3 STREET ADDRESS:	2.4 CITY - ST - ZIP:
TITLE: D	NAME: JOHNSTON, JAMES	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 7944 WILDWOOD ROAD	CITY - ST - ZIP: JACKSONVILLE FL	3.3 STREET ADDRESS:	3.4 CITY - ST - ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	4.3 STREET ADDRESS:	4.4 CITY - ST - ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	5.3 STREET ADDRESS:	5.4 CITY - ST - ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY - ST - ZIP:	6.3 STREET ADDRESS:	6.4 CITY - ST - ZIP:

14. I do hereby certify that the information submitted 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, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE: *C E Johnston* C.E. JOHNSTON 1-797 904-725-6915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)