

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 600058 (2)

1. Corporation Name

DOCTORS HURT, ISAAC, JOHNSTON & CRANFORD, P.A.

Principal Place of Business

**F K HURT
1661 RIVERSIDE AVE. SUITE E
JACKSONVILLE FL 32204**

Mailing Address

**F K HURT
1661 RIVERSIDE AVE. SUITE E
JACKSONVILLE FL 32204**

**APPROVED
AND
FILED**

95 MAR 23 AM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/01/1961

3a. Date of Last Report
03/07/1994

4. FEI Number
59-0940646

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

23. City & State

24. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

28. City & State

29. Zip Country

9. Name and Address of Current Registered Agent

**JOHNSTON, M. HARLAN
1661 RIVERSIDE AVE., SUITE E
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)

83.
84. City **FL** 85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD**
NAME **COTTEN, CHARLES L.**
STREET ADDRESS **1661 RIVERSIDE AVE SU E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD**
NAME **JETER, OMER L.**
STREET ADDRESS **1661 RIVERSIDE AVE SU E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD**
NAME **SALTMARSH, C. W.**
STREET ADDRESS **1661 RIVERSIDE AVE SU E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD**
NAME **JOHNSTON, M. HARLAN**
STREET ADDRESS **1661 RIVERSIDE AVE #E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD**
NAME **LATOUR, EMILE A.**
STREET ADDRESS **1661 RIVERSIDE AVE #E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD**
NAME **MCINNIS, ALEXANDER N.**
STREET ADDRESS **1661 RIVERSIDE AVE #E**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **SEE ATTACHED**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Emile A. Latour

Emile A. Latour

(904)
354-0462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Memo to: Department of State

Re: Corporation Annual Report 1995 for Hurt, Isaacs, Johnston & Cranford, P.A.

Please note that your form does not allow sufficient space to show all of the officers/directors of this corporation. We have shown the following on the actual form, but wanted to attach this to make certain that all information is clarified:

- | | |
|--------------------------|-----|
| 1. Cotten, Charles L. | V/D |
| 2. Jeter, Omer L. | P/D |
| 3. Saltmarsh, C. W. | V/D |
| 4. Johnston, M. Harlan | V |
| 5. Latour, Emile A. | V/D |
| 6. McInnis, Alexander N. | S/D |
| 7. Caraway, James S. | T/D |
| 8. Panaccione, John L. | V |
| 9. Toledo, Anthony S. | V/D |
| 10. Buxton, Richard C. | V |

Should you need further information, please advise