

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:21

DOCUMENT # F14307 (5)

1. Corporation Name
JOHNSTON AND SASSER, P.A.

Principal Place of Business 29 S BROOKSVILLE AVE P.O. BOX 997 BROOKSVILLE FL 34805-7997	Mailing Address 29 S BROOKSVILLE AVE P.O. BOX 997 BROOKSVILLE FL 34805-7997
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 04/29/1994
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2045508	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SASSER, DAVID C 29 S BROOKSVILLE AVE BROOKSVILLE FL		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, JOSEPH E JR	1.2 NAME	
STREET ADDRESS	191 MT FAIR AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE, FL 0	1.4 CITY - ST - ZIP	
TITLE	DP	2.1 TITLE	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSER, DAVID C	2.2 NAME	Sasser, David C
STREET ADDRESS	STATE RD 50 W	2.3 STREET ADDRESS	State Rd 50 W
CITY - ST - ZIP	BROOKSVILLE, FL 00000	2.4 CITY - ST - ZIP	Brooksville, FL 34601
TITLE	DST	3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, DARRYL W	3.2 NAME	Johnston, Darryl W
STREET ADDRESS	107 SUNSET DR.	3.3 STREET ADDRESS	107 Sunset Drive
CITY - ST - ZIP	BROOKSVILLE FL 34601	3.4 CITY - ST - ZIP	Brooksville, FL 34601
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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: *Darryl W. Johnston* **DARRYL W. Johnston** 4/6/95 904 796-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____