

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne M. Madison
Secretary of State
DIVISION OF CORPORATIONS

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 34605-7997**

Mailing Address
**29 S BROOKSVILLE AVE
P.O. BOX 997
BROOKSVILLE FL 34605-7997**



21	2. Principal Place of Business	2a	Mailing Address
22	State, Apt. #, etc.	26	State, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country

3. Date incorporated or Organized	3a. Date of Last Report
12/31/1980	04/11/1995
4. FEIN Number	Applied For
59-2045508	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. 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**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)	FL	
83			
84	City		

11. Pursuant to the provisions of Sections 607.05(1) and (6), 1609, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(1), Florida Statutes.

SIGNATURE _____
Signature of Sasser, David C. (Registered Agent) Date: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JOSEPH E JR	
STREET ADDRESS	191 MT FAIR AVE	
CITY-ST-ZIP	BROOKSVILLE, FL 0	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SASSER, DAVID C	
STREET ADDRESS	STATE RD 50 W	
CITY-ST-ZIP	BROOKSVILLE, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DARRYL W	
STREET ADDRESS	107 SUNSET DR.	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2: NAME	
3: STREET ADDRESS	
4: CITY-ST-ZIP	
5: TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6: NAME	
7: STREET ADDRESS	
8: CITY-ST-ZIP	
9: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10: NAME	
11: STREET ADDRESS	
12: CITY-ST-ZIP	
13: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14: NAME	
15: STREET ADDRESS	
16: CITY-ST-ZIP	

DP.
Sasser, David C.
State Rd. 50 W.
Brooksville, FL 34601
DST
Johnston, Darryl W.
107 Sunset Drive
Brooksville, FL 34601

14. I do hereby certify that the information supplied with this filing is true and correct and does not conflict with the exception state in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on this filing is true and correct and is not a duplicate of any other report as filed and approved 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 of this filing as an attachment with an address.

SIGNATURE: *David Sasser*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID C. SASSER

4/8/96 (352) 796-5123

CR2E034 (12/95)