FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90053 002 ***150.00

0500060

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F14307**

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

Principal Place of Business	Mailing Address
29 S BROOKSVILLE AVE P.O. BOX 997 BROOKSVILLE FL 34605-7997	29 S BROOKSVILLE AVE P.O. BOX 997 BROOKSVILLE FL 34605-7997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/31/1980

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-2045508 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SASSER, DAVID C		2.2 NAME	
STREET ADDRESS	SR 50 W		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, DARRYL W		3.2 NAME	
STREET ADDRESS	107 SUNSET DR		3.3 STREET ADDRESS	10123 WEEKS DR.
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34601
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

14. I hereby certify that the information supplied 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 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Sasser 1/7/99 352-796-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #