

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 MAR 27 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MWR

DOCUMENT # **K31998 (3)**

1. Corporation Name  
**JOHNSTON, HARRIS, GERDE, JELKS & SMITH P.A.**

Principal Place of Business

% JERRY W. GERDE  
239 E. FOURTH ST  
PANAMA CITY FL 32401

Mailing Address

% JERRY W. GERDE  
239 E. FOURTH ST  
PANAMA CITY FL 32401-9110

3. Date Incorporated or Qualified <b>08/30/1988</b>	3a. Date of Last Report <b>06/12/1996</b>
4. FEI Number <b>59-2904837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GERDE, JERRY W.  
239 E. FOURTH AVE  
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERDE, JERRY W.</b>	1.2 NAME	
STREET ADDRESS	<b>239 E. FOURTH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<i>Vice President, Secretary, Treasurer, Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JELKS, ALLEN N., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>239 EAST FOURTH STREET</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DOUGLAS L</b>	3.2 NAME	
STREET ADDRESS	<b>239 E FOURTH STR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<b>500002127635--2</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>-03/28/97--01127--005</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

SIGNATURE: *Allen N. Jelks, Jr.* **Allen N. Jelks, Jr.** 2/3/97 904-763-8421  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)