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Feb 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000101159 (7)

1. Corporation Name
JOHNSON-PREWITT & ASSOCIATES, INC.



Principal Place of Business Mailing Address
~~155 WEST ESPERANZA~~ ~~CLEWISTON FL 33440~~
~~155 WEST ESPERANZA~~ ~~CLEWISTON FL 33440-2534~~

3. Date Incorporated or Qualified 12/16/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 850 West Ventura Avenue 26 P. O. Box 1029
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State 27 City & State
23 Clewiston, FL 28 Clewiston, FL
Zip Country Zip Country
24 33440 25 USA 29 33440 30 USA

4. FEI Number 65-0713092 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 [X] Yes [] No

9. Name and Address of Current Registered Agent
PERRY, THOMAS C JR
~~155 WEST ESPERANZA~~
CLEWISTON FL 33440
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
850 West Ventura Avenue
83
84 City Clewiston FL 85 Zip Code 33440

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 Thomas C Perry Jr Thomas C Perry Jr (P,S,T,C) Feb 5, 1997
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	C P S T [X] Change [] Addition
NAME	PERRY, THOMAS C JR	1.2 NAME	Perry, Thomas C. Jr.
STREET ADDRESS	155 WEST ESPERANZA	1.3 STREET ADDRESS	850 West Ventura Avenue
CITY-ST-ZIP	CLEWISTON FL 33440	1.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V [] Change [X] Addition
NAME		2.2 NAME	Tullos, R. Clark
STREET ADDRESS		2.3 STREET ADDRESS	850 West Ventura Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V [] Change [X] Addition
NAME		3.2 NAME	Benavides, Armando L.
STREET ADDRESS		3.3 STREET ADDRESS	850 West Ventura Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Clewiston, FL 33440
TITLE	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	[] Change [] 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: Thomas C Perry Jr Thomas C Perry Jr (C,P,S,T) 2-4-97 941-983-9188
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007182

CR2E034 (9/96)