

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **375876** (0)

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



Principal Place of Business
**850 WEST VENTURA AVE.
PO BOX 1029
CLEWISTON FL 33440**

Mailing Address
**850 WEST VENTURA AVE.
PO BOX 1029
CLEWISTON FL 33440**

3. Date Incorporated or Qualified 12/21/1970	3a. Date of Last Report 01/17/1995
4. FEI Number 59-1309798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TULLOS, R. CLARK
850 WEST VENTURA AVE.
CLEWISTON FL 33440**

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

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

Signature, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD TULLOS, RAYMOND C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	850 W. VENTURA AVE.	1.2 NAME	
3. CITY-ST-ZIP	CLEWISTON FL	1.3 STREET ADDRESS	
4. TITLE	VD	1.4 CITY-ST-ZIP	
5. NAME	BENAVIDES, ARMANDO L.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	850 W. VENTURA AVE.	2.2 NAME	
7. CITY-ST-ZIP	CLEWISTON FL	2.3 STREET ADDRESS	
8. TITLE	ST	2.4 CITY-ST-ZIP	
9. NAME	TULLOS, LEOTA M	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	850 W VENVURA AVE	3.2 NAME	
11. CITY-ST-ZIP	CLEWISTON FL	3.3 STREET ADDRESS	
12. TITLE		3.4 CITY-ST-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. TITLE		4.4 CITY-ST-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-ST-ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY-ST-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-ST-ZIP		6.3 STREET ADDRESS	
24. TITLE		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 119.07(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:

R. Clark Tullos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Clark Tullos, Pres.

1/17/96
Date Daytime Phone # *941-983-9188*

CR2E034 (12/95)