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Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 548357 (3)

N/C
1-26-98

1. Corporation Name

JOHNSON AND HOUCK, P.A.



Principal Place of Business

Mailing Address

701 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

701 BLACKSTONE BUILDING
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1977

2. Principal Place of Business

21 10 SOUTH NEWNAN ST.

Suite, Apt #, etc.

22 SUITE ONE

City & State

23 JACKSONVILLE, FL

Zip

24 32202

County

25 DUVAL

2a. Mailing Address

26 10 SOUTH NEWNAN ST.

Suite, Apt #, etc

27 SUITE ONE

City & State

28 JACKSONVILLE, FL

Zip

29 32202

Country

30 DUVAL

4. FEI Number

59-1766887

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT O.
701 BLACKSTONE BLDG
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name ROBERT O. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)

10 SOUTH NEWNAN ST.

83 SUITE ONE

84 City JACKSONVILLE

FL

85 Zip Code 32202

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 of 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 607.0506, Florida Statutes.

SIGNATURE

ROBERT O JOHNSON

4-23-98

Signature (use printed name of signatory if not applicable)

(601) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOHNSON, ROBERT O.
STREET ADDRESS 701 BLACKSTONE BUILDING
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME JOHNSON, ROBERT O.
1.3 STREET ADDRESS 10 SOUTH NEWNAN ST SUITE ONE
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

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904 632-2162

CR2E034 (10/97)