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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 600058 (2)
1. Corporation Name
DOCTORS HURT, ISAAC, JOHNSTON & CRANFORD, P.A.

Principal Place of Business
1633 RIVERSIDE AVE
14
JACKSONVILLE FL 32204
US

Mailing Address
F K HURT
1661 RIVERSIDE AVE. SUITE E
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/1961	
4. FEI Number 59-0940646	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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
LATOUR, EMILE A
1633 RIVERSIDE AVE
STE #14
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
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 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATOUR, EMILE A	1.2 NAME	
STREET ADDRESS	1633 RIVERSIDE AVE, #14	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETER, OMER L.	2.2 NAME	
STREET ADDRESS	1633 RIVERSIDE AVE, #14	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALTMARSH, C. W.	3.2 NAME	
STREET ADDRESS	1633 RIVERSIDE AVE, #14	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, ALEXANDER N	4.2 NAME	
STREET ADDRESS	1633 RIVERSIDE AVE, #14	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATOUR, EMILE A.	5.2 NAME	
STREET ADDRESS	1661 RIVERSIDE AVE #E	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINNIS, ALEXANDER N.	6.2 NAME	
STREET ADDRESS	1661 RIVERSIDE AVE #E	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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, 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.

Emile A. Latour (904) 354-6361

CR2E034 (10/97)

Memo to: Department of State

Re: Corporation Annual Report 1998 for Hurt, Isaacs, Johnston & Cranford, P.A.

Please note that your form does not allow sufficient space to show all of the officers/directors of this corporation. We have shown the following as a clarification of the officers and directors.

- | | |
|---------------------|-----|
| 1. E. A. Latour | P/D |
| 2. O. L. Jeter | V/D |
| 3. J. S. Caraway | T/D |
| 4. A. N. McInnis | S/D |
| 5. C. W. Saltmarsh | V/D |
| 6. J. L. Panaccione | V/D |
| 7. R. C. Buxton | V/D |

Should you need any further information, please advise.