

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

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Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **689801** (9)  
1. Corporation Name  
**ARRANTS, CROMARTIE, WUAMETT & JOHNSON, P.A.**

Principal Place of Business <b>588 STERTHAUS AVE ORMOND BCH FL 32174</b>	Mailing Address <b>588 STERTHAUS AVE ORMOND BCH FL 32174-5128</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1980</b>	3a. Date of Last Report <b>04/17/1996</b>
21		26		4. FEI Number <b>59-2028748</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	Country	28 Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TUMBLESON, J. DOYLE</b> <b>150 S. PALMETTO AVE.</b> <b>BOX A</b> <b>DAYTONA BEACH FL 32114</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City, State, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARRANTS, JACK E.	1.2 NAME	ARRANTS, JACK E
STREET ADDRESS	311 JOHN ANDERSON DR	1.3 STREET ADDRESS	SAME
CITY - ST - ZIP	ORMOND BEACH FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROMARTIE, R. SAMUEL III	2.2 NAME	
STREET ADDRESS	236 JOHN ANDERSON DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUAMETT, JAMES D.	3.2 NAME	
STREET ADDRESS	769 N. BEACH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BCH. FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIAM H III	4.2 NAME	JOHNSON, WILLIAM H III
STREET ADDRESS	410 MAIN TR	4.3 STREET ADDRESS	SAME
CITY - ST - ZIP	ORMOND BCH FL	4.4 CITY - ST - ZIP	
TITLE		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		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: William H. Johnson, III MD 4-1-97 904-672-9501  
WILLIAM H JOHNSON III MD

CR2E034 (9/96)