

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90080 029 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 689801

1. Corporation Name
ARRANTS, CROMARTIE, WUAMETT & JOHNSON, P.A.

Principal Place of Business Mailing Address
588 STERTHAUS AVE 588 STERTHAUS AVE
ORMOND BCH FL 32174 ORMOND BCH FL 32174



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/01/1980
4. FEI Number
59-2028748
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 the current year Intangible Personal Property Tax. Yes 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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
TUMBLESON, J. DOYLE
150 S. PALMETTO AVE.
BOX A
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent
81 Name
WILLIAM H. JOHNSON III, MD
82 Street Address (P.O. Box Number is Not Acceptable)
588 STERTHAUS AVE
83
84 City
ORMOND BEACH FL 85 Zip Code
32174

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 *William H. Johnson III, MD* DATE 3-29-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARRANTS, JACK E.	
STREET ADDRESS	311 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CROMARTIE, R. SAMUEL III	
STREET ADDRESS	236 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WUAMETT, JAMES D.	
STREET ADDRESS	769 N. BEACH STREET	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM H III	
STREET ADDRESS	410 MAIN TR	
CITY-ST-ZIP	ORMOND BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John B Holt
5.3 STREET ADDRESS	182 RIVERSIDE DR
5.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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) with all other like empowered.

SIGNATURE: *William H. Johnson III, MD* DATE 904-672-9501
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)