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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **696351** **(6)**

1. Corporation Name
CRAMER, JOHNSON, WIGGINS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2745 W FAIRBANKS AVE WINTER PARK FL 32789	2745 W FAIRBANKS AVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1981

2. Principal Place of Business	2a. Mailing Address
21 1420 Edgewater Dr.	26 1420 Edgewater Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL	City & State 28 Orlando, FL
Zip 24 32804 Country 25	Zip 29 32804 Country 30 ~~Orange~~

4. FEI Number: 59-2110915 ☐ 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	10. Name and Address of New Registered Agent
CRAMER, CHARLES W 1407 E ROBINSON ST ORLANDO FL 32853	81 Name: Charles W. Cramer 82 Street Address (P.O. Box Number is Not Acceptable) 83 1420 Edgewater Drive 84 City: Orlando FL 85 Zip Code: 32804

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: _____ Charles W. Cramer, Esq. 1/9/97
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAMER, CHARLES		1.2 NAME	
STREET ADDRESS	141 HARROGATE PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DAVID C.		2.2 NAME	
STREET ADDRESS	954 GROVE PARK DR NO		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, RICHARD		3.2 NAME	
STREET ADDRESS	298 NE 2ND ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: _____ Charles E. Cramer 1/9/98 (407) 8490044