

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000006453

1. Entity Name  
THE JOHNSON-MCADAMS FIRM, P.A.



Principal Place of Business  
108 WEST MARKET STREET  
GREENWOOD, MS 38930

Mailing Address  
108 WEST MARKET STREET  
GREENWOOD, MS 38930

FILED

04 MAY -7 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03012003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0734237  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD JOHNSON, FRANK E 108 WEST MARKET STREET GREENWOOD, MS 38930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, JERRY G 231 SOUTH CENTER STREET COLLIERVILLE, TN 38017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOLLISON, THOMAS H 108 WEST MARKET STREET GREENWOOD, MS 38930
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500036279115  
05/13/04--01084--005 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frank E. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-04 662-455-4943  
Date Daytime Phone #