

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

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000001485 (1)

1. Corporation Name

THE JOHNSON-MCADAMS FIRM, P.A.



Principal Place of Business

202 EAST FIRST STREET
SUITE I
SANFORD FL 32771

Mailing Address

202 EAST FIRST STREET
SUITE I
SANFORD FL 32771-1304

3. Date Incorporated or Qualified

03/24/1994

3a. Date of Last Report

03/05/1996

4. FEI Number

64-0734237

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, JERRY G
202 EAST FIRST STREET
SUITE I
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME JOHNSON, FRANK E
STREET ADDRESS 616 N. AUBREY CIRCLE
CITY-ST-ZIP GREENWOOD MS

TITLE VD
NAME MCADAMS, JAMES M
STREET ADDRESS 409 BELL AVE.
CITY-ST-ZIP GREENWOOD MS

TITLE STD
NAME TOLLISON, THOMAS H
STREET ADDRESS 501 E. ADAMS AVE.
CITY-ST-ZIP GREENWOOD MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDC
1.2 NAME JOHNSON, FRANK E
1.3 STREET ADDRESS 610 DUNKLIN AVE. (Street Change Only)
1.4 CITY-ST-ZIP GREENWOOD, MS

2.1 TITLE VD
2.2 NAME JERRY G. MARTIN
2.3 STREET ADDRESS 403 LAKE BLVD.
2.4 CITY-ST-ZIP SANFORD, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Frank E. Johnson, President

2/5/97

601 455-4943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)