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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90207 003 ***150.00



PROFIT
 CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # **F98000000491**

1. Corporation Name
DOUGLAS JOHNSON & ASSOCIATES, INC.



Principal Place of Business
**130 WOODCREEK DR., E.
 SAFETY HARBOR FL 34695**

Mailing Address
**130 WOODCREEK DR., E.
 SAFETY HARBOR FL 34695**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/28/1998

4. FEI Number
58-2142990

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
21 4756 HIGHGATE BLVD.

2a. Mailing Address
26 4756 HIGHGATE BLVD.

22. Suite, Apt. #, etc.

23. City & State
23 PALM HARBOR, FL

24. Zip
24 34685

25. Country
25 PINELLAS

27. Suite, Apt. #, etc.

28. City & State
28 PALM HARBOR, FL

29. Zip
29 34685

30. Country
30 PINELLAS

9. Name and Address of Current Registered Agent
**JOHNSON, DOUGLAS S
 130 WOODCREEK DR., E.
 SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

81. Name
DOUGLAS S. JOHNSON

82. Street Address (P.O. Box Number is Not Acceptable)
4756 HIGHGATE BLVD.

83.

84. City
PALM HARBOR FL

85. Zip Code
34685

11. Pursuant to the provisions of Sections 607.0507 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: *Douglas S. Johnson* **PRESIDENT** **4/23/99**
Signature of registered agent or authorized officer of corporation (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	JOHNSON, DOUGLAS S	
STREET ADDRESS	130 WOODCREEK DR., E.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHNSON, DOUGLAS S.	
1.3 STREET ADDRESS	4756 HIGHGATE BLVD	
1.4 CITY-ST-ZIP	PALM HARBOR, FL 34685	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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: *Douglas S. Johnson* **DOUGLAS S. JOHNSON, PRES.** **4/23/99 727-449-8350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)