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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H29791 (1)**
1. Corporation Name
JOHNSTON & ASSOCIATES INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
**925 S DENNING DR
PO BOX 2703
WINTER PARK FL 32780** **925 S DENNING DR
PO BOX 2703
WINTER PARK FL 32780**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 **831 W. Morse Blvd** 26 **831 W. Morse Blvd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 2703** 27 **PO Box 2703**
City & State City & State
23 **Winter Park, FL** 28 **Winter Park, FL**
Zip Country Zip Country
24 **32790** 25 Country 29 **32790** 30 Country

3. Date Incorporated or Qualified **11/14/1984** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-2889800** 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**
6. This corporation has liability for intangible tax under S. 119.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WALKER, WILLIAM A., II
250 PARK AVE S.
6TH FLOOR
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSTON, DAVID A.
STREET ADDRESS	636 DARCEY DR
CITY - ST - ZIP	WINTER PARK FL
TITLE	ST
NAME	JOHNSTON, SARAH W.
STREET ADDRESS	636 DARCEY DRIVE
CITY - ST - ZIP	WINTER PARK FL
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	<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 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 additional page with an address.

SIGNATURE: *David A. Johnston* **David A. Johnston**
Date: **4/19/95** Telephone: **407-644-5722**