FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H61656

(5)

1. Corporation Name

KENNETH F. JOHNSTON, P.A.

Principal Place of Business Mailing Address

1012 TEAL POINTE 1012 TEAL POINTE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689



TARPON SPRINGS FL 34689 US			TARPON SPRINGS FL 34689 US				3.	Date Incorporated or Qualified 06/12/1985		o of Last F		
Principal Place of Business Total			2a. Mailing Address 26				4	59-2537965		TI	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5.	. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State 23		28	City & State				6	i. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees	
Zip 24	Country 25	29	Zip	30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curre	nt Regis	stered Agent), Name and Address of New R	tegistered	Agent		
			•		81	Name)					
LYONS, GARY W. 311 SOUTH MISSOURI AVENUE					82	Street .	Address (F	P.O. Box Number is Not Acceptab	ole)			
CLEARW	VATER FL 34616				83							
					84	City				85 Zi	p Code	
44 5	the provisions of Sections 607,050	0 1 00	57 4 500 Et		J J				<u> </u>	<u> </u>		
SIGNATURE	ed agent, or both, in the State of Flor n, and accept the obligations of, Sec signature, typed or printed name of registered agen	if and little if	applicable (N	PCC by the Costs.					DATE		a agent. r am	
12.	OFFICERS AN	ID DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12	
TITLE	PST		DELETE	1, 1 1	ITLE	l				Change	Addition	
NAME	Johnston, Kenneth F.			1.2 N	AME	l						
STREET ADDRESS	1012 TEAL POINTE			1.3 S	IREET	ADDRESS	:					
CITY-ST-ZIP	TARPON SPRINGS FL			1.4 C	TY-\$	I - ZIP	1					
TITLE	D		□ DEFELF	2 1 1	ITL E					Change	Addition	
NAME	Johnston, Kenneth F.			2 ? N	ΑMέ							
STREET ADDRESS	1012 TEAL POINTE			238	TREE F	ADDRESS	:					
CITY-ST-ZIP	TARPON SPRINGS FL			2 4 C	TY-S	1 - ZIP					~~~~	
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CITY-ST-7P			F3 Street			1-7:P						
TITLE			DELETE	6 1 1						Change	Addition	
NAME				6 2 N								
STREET ADDRESS						ADDRESS	; [
CITY-ST-ZIP		······		64C	ITY-S	I - 7IP						

4. 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 trusted 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 attact proof with an address.

SIGNATURE:

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APR: 130, 1996 833-938-9979