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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Merriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J16036

(2)

1. Corporation Name

RAY JOHNSON & ASSOCIATES, P.A.

Principal Place of Business

**232 EAST HILLCREST STREET
ORLANDO FL 32801**

Mailing Address

**232 EAST HILLCREST STREET
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/23/1986

3a. Date of Last Report
01/13/1994

4. FEI Number
59-2673542

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, EVERETT RAY
232 EAST HILLCREST STREET
ORLANDO FL 32801**

81 Name

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

83 **1640 Alexander Drive**

84 City **DeLand**

FL

85 Zip Code
32720

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 of Registered Agent required when appointing)

(Signature of Registered Agent required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME
**PST
JOHNSON, EVERETT RAY
232 EAST HILLCREST ST.
ORLANDO FL**

12.2 NAME
**D
JOHNSON, EVERETT RAY
232 EAST HILLCREST ST.
ORLANDO FL**

12.3 NAME

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

12.13 NAME

12.14 NAME

12.15 NAME

12.16 NAME

12.17 NAME

12.18 NAME

12.19 NAME

12.20 NAME

13.1 TITLE
V

13.2 NAME
Michael E. Abernethy

13.3 STREET ADDRESS
2832 SMU Blvd.

13.4 CITY - ST - ZIP
Orlando, Fl. 32817

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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, as changed, or on an attachment to an address.

SIGNATURE:

Everett Ray Johnson
EVERETT RAY JOHNSON
Signature of Registered Agent or Director

2-24-95 (407) 843-6614
Date Telephone