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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L08015** **(4)**

1. Corporation Name
ANN S. JOHNSTON, MS, LMFT, INC.

Principal Place of Business	Mailing Address
2700 TAMPA RD STE B PALM HARBOR FL 34684 US	2700 TAMPA RD STE B PALM HARBOR FL 34684-3311 US

3. Date Incorporated or Qualified: 08/10/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 608 Sevenige Court
Suite, Apt. #, etc.
22
City & State: 23 Rockwall, TX
Zip: 24 75087 Country: 25 USA

2a. Mailing Address
26 608 Sevenige Court
Suite, Apt. #, etc.
27
City & State: 28 Rockwall, TX
Zip: 29 75087 Country: 30 USA

4. FEI Number: 59-2976099 ☐ 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

9. Name and Address of Current Registered Agent

BOWMAN, JUDY
7177 LENAPE CIRCLE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: Bowman, Judy
82 Street Address (P.O. Box Number is Not Acceptable): 4000 Headsail Drive
83
84 City: New Port Richey FL 85 Zip Code: 34652

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.

X SIGNATURE: Ann S Johnston (Signature of President or Director and Title Applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/10/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ANN S.		1.2 NAME		
STREET ADDRESS	608 SEVERIGE CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKWALL TX		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSTON, ANN S.		2.2 NAME		
STREET ADDRESS	608 SEVERIGE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKWALL TX		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Ann S Johnston MS LMFT — 3/10/97 — 972-772-0316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #