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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P31226 (4)

1. Corporation Name  
JOHNSON & ASSOCIATES MORTGAGE CO., INC.

Principal Place of Business  
2900 CAHABA RD., SUITE 200  
BIRMINGHAM AL 35223

Mailing Address  
P.O. BOX 530607  
BIRMINGHAM AL 35253-0607



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1990		3a. Date of Last Report 03/18/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-1004427		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

HOLLEY, BOB  
4191 SAN JUAN AVENUE  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name  
CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
83  
84 City  
Plantation, FL 85 Zip Code  
33324

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 and type if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, ABNER C	
STREET ADDRESS	2900 CAHABA RD., SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SAMUEL C	
STREET ADDRESS	2900 CAHABA RD., SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	KNIIGHT, BETTY J	
STREET ADDRESS	2900 CAHABA RD., SUITE 300	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, BOB	
STREET ADDRESS	4191 SAN JUAN AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
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. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Please delete this officer
4.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Vice President
5.3 STREET ADDRESS	Krista Linholm
5.4 CITY-ST-ZIP	2900 Cahaba Road, Suite 300
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Birmingham, AL 35223
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

9/10/97

CR2E034 (9/96)