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Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 35253-607**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/03/1990

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 63-1004427	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**CT COPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33334**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Assistant Vice President
NAME	JOHNSON, ABNER C	1.2 NAME	Tami Jones
STREET ADDRESS	2900 CAHABA RD., SUITE 300	1.3 STREET ADDRESS	2900 Cahaba Road, Suite 300
CITY-ST-ZIP	BIRMINGHAM AL 35223	1.4 CITY-ST-ZIP	Birmingham, AL 35223
TITLE	PD	2.1 TITLE	
NAME	JOHNSON, SAMUEL C	2.2 NAME	
STREET ADDRESS	2900 CAHABA RD., SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	2.4 CITY-ST-ZIP	
TITLE	VPST	3.1 TITLE	
NAME	KNIGHT, BETTY J	3.2 NAME	
STREET ADDRESS	2900 CAHABA RD., SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	LINHOLM, KRISTA	4.2 NAME	
STREET ADDRESS	2900 CAHABA RD STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Tami Jones* Tami Jones

3/18/98 (205) 802-5200

CR2E034 (10/97)