

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

CORPORATION
ANNUAL REPORT



OFFICE OF REVENUE AND TAXES
Tallahassee, Florida
Department of State

1995

5-10 95 B-6600 C

DOCUMENT # P93000021282 (7)

1. Corporation Name

ROSS M. JOHNSTON, P.A.

APPROVED
AND
FILED

MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 1000 QUAYSIDE TERR. #1412 MIAMI FL 33138-2219		2. Mailing Address 1000 QUAYSIDE TERR. #1412 MIAMI FL 33138-2219		3. Date of Incorporation or Subject 03/22/1993		3a. Date of Last Report 07/08/1994	
2. Principal Office Telephone 21		2a. Mailing Address 26		4. FPI Number 65-0453754		Approved For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24		29		7. This corporation has liability for intangible tax under Section 199.032, Florida Statutes. ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent JOHNSTON, ROSS M 7600 NW 89TH AVE MEDLEY FL 33188				10. Name and Address of New Registered Agent 81 Name Ross M. Johnston 82 Street Address (P.O. Box Number is Not Acceptable) 3840 NW 37th Ct (BFI office) 83 84 City Miami FL 85 Zip Code 33142			
11. Pursuant to the provisions of Sections 607.04(2) and 607.05(8), 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 further sworn to accept the obligations of Section 607.05(8), Florida Statutes. Signature: Ross M. Johnston, President Date: 5/5/95							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME PVSD JOHNSTON, ROSS M. 1000 QUAYSIDE TER., STE. 1412 MIAMI FL				1. NAME 1.1 STREET ADDRESS 1.2 CITY, STATE, ZIP			
				2. NAME 2.1 STREET ADDRESS 2.2 CITY, STATE, ZIP			
				3. NAME 3.1 STREET ADDRESS 3.2 CITY, STATE, ZIP			
				4. NAME 4.1 STREET ADDRESS 4.2 CITY, STATE, ZIP			
				5. NAME 5.1 STREET ADDRESS 5.2 CITY, STATE, ZIP			
				6. NAME 6.1 STREET ADDRESS 6.2 CITY, STATE, ZIP			
				7. NAME 7.1 STREET ADDRESS 7.2 CITY, STATE, ZIP			
				8. NAME 8.1 STREET ADDRESS 8.2 CITY, STATE, ZIP			
				9. NAME 9.1 STREET ADDRESS 9.2 CITY, STATE, ZIP			
14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the treasurer or business agent authorized to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.							
SIGNATURE: Ross M. Johnston SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				ROSS M JOHNSTON 5/5/95 305/638-3800			