

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90187 019 \*\*\*150.00

DOCUMENT # P93000049645

1. Corporation Name

JOHNSTON & ASSOCIATES, INC.

Principal Place of Business

1800 SECOND ST

SARASOTA FL 34236  
US

Mailing Address

1800 SECOND ST

SARASOTA FL 34236  
US

2. Principal Place of Business

21 1800 SECOND ST.

Suite, Apt. #, etc.

22 B1B

23 SARASOTA FL

24 34236 25 US

2a. Mailing Address

26 1800 SECOND ST.

Suite, Apt. #, etc.

27 B1B

28 SARASOTA FL

29 34236 30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1993

4. FEI Number

59-3196822

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

JOHNSTON, DAVID W.  
7861 WILTON CRESCENT  
SUITE 150  
UNIVERSITY PARK FL 34201

10. Name and Address of New Registered Agent

81 Name

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

83

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 *David W. Johnston*  
Signature, typed or printed name of registered agent and title if applicable.

DAVID W. JOHNSTON  
(NOTE: Registered Agent signature required when reinstating)

4-15-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JOHNSTON, DAVID W  
STREET ADDRESS 7861 WILTON CRESCENT  
CITY-ST-ZIP UNIVERSITY PARK FL 34201

TITLE V  
NAME EMRICK, RIAN  
STREET ADDRESS 5212 CLEARWATER DRIVE  
CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *David W. Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DAVID W. JOHNSTON

Date

Daytime Phone #

941-364-9920

CR2E034 (11/98)