FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000015600 (6)

1. Corporation Name

JOHNSTON & HAMMOND, P.A.

Principal Place of Business
200 W FORSYTH ST
SUITE 1730
JACKSONVILLE FL 32202

Mailing Address
200 W FORSYTH ST
SUITE 1730
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 02/17/1995

3a. Date of Last Report:

4. FEI Number: 59-3294360 — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JOHNSTON, CHARLES M
1726 CHALLEN AVE
JACKSONVILLE FL 32205

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	JOHNSTON, CHARLES M	
STREET ADDRESS	1726 CHALLEN AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	☐ DELETE
NAME	HAMMOND, ADA A	
STREET ADDRESS	2348 SEMINOLE REACH CT	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☑ Addition
1.2 NAME	Johnston, Charles M.	
1.3 STREET ADDRESS	1726 Challen Ave.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32205	
2.1 TITLE	Vice-President / Secretary	☐ Change ☑ Addition
2.2 NAME	Hammond, Ada A.	
2.3 STREET ADDRESS	2348 Seminole Reach Ct	
2.4 CITY-ST-ZIP	Atlantic Beach FL 32233	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Charles M. Johnston 4/10/96 (904) 358-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)